

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.01
05/28/2009 17:56

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED [] INITIAL [] RE-OPENING
INTERMEDIARY NO. [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK XX ELECTRONICALLY FILED COST REPORT DATE: 05/28/2009
APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: 17:56

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY TOUCHETTE REGIONAL HOSPITAL (14-0077) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2008 AND ENDING 12/31/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 05/28/2009 17:56
kUoGBJYfIP7z8sGZRRjPB3JNnJmK60
LBh3o0frCGn.gGigJ..NfhxYBji4wt
9JU00sghHQ0KTG66

(SIGNED) _____
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE _____

PI Encryption: 05/28/2009 17:56
G4Vdx570hofgQ9jEYVPby2Icko.xE0
vNIMS0:2v9EgQ5FHj5KbDTUQZrx7:0
gIva7eb7:t0qwWJE

DATE _____

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
		PART A	PART B	
	1	2	3	4
1	HOSPITAL	-302370	57819	1
2	SUBPROVIDER I			2
3	SWING BED - SNF			3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	-302370	57819	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

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(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

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05/28/2009 17:54

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 5900 BOND STREET
1.01 CITY: CENTREVILLE

STATE: IL

P.O.BOX:

ZIP CODE: 62207

COUNTY: ST. CLAIR

1

1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:			PROVIDER	DATE	PAYMENT SYSTEM			
COMPONENT	COMPONENT NAME	NUMBER	CERTIFIED	V	XVIII	XIX	(P,T,O OR N)	
0	1	2	3	4	5	6		
2	HOSPITAL	TOUCHETTE REGIONAL HOSPITAL	14-0077	07/01/1966	N	P	N	2
3	SUBPROVIDER I							3
4	SWING BEDS - SNF							4
5	SWING BEDS - NF							5
6	HOSPITAL-BASED SNF							6
7	HOSPITAL-BASED NF							7
8	HOSPITAL-BASED OLTC							8
9	HOSPITAL-BASED HHA	SOUTHERN ILLINOIS HOME CARE	14-7315	01/01/1996	N	P	N	9
11	SEPARATELY CERTIFIED ASC							11
12	HOSPITAL-BASED HOSPICE							12
14	HOSP-BASED RHC							14
15	OUTPATIENT REHABILITATION PROVID							15
16	RENAL DIALYSIS							16
17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 01/01/2008	TO: 12/31/2008	1	2			17
18	TYPE OF CONTROL			2				18

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1	19
20	SUBPROVIDER I		20

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.						21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES					21.01
21.02	HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N		N		21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1					21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1					21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO					21.06
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO					22
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO					23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.01
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.02
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.03
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.04
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.						23.05
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.						23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3.						24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3.						24.01
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO					25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO					25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO					25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO					25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO					25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)						25.06

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES:	BEGINNING:	ENDING:		26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):	BEGINNING:	ENDING:		26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.		NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.				28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st				28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.				28.02
A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)					
28.03	STAFFING	0.00	N		28.03
28.04	RECRUITMENT	0.00	N		28.04
28.05	RETENTION OF EMPLOYEES	0.00	N		28.05
28.06	TRAINING	0.00	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.		NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		NO		31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.		NO		32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.		NO		33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?		NO		34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		NO		35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	V	XVIII	XIX	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	1	2	3	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES	40
40.01	NAME: SOUTHERN ILLINOIS HEALTHCAR	FI/CONTRACTOR'S NAME:	40.01
40.02	STREET: 8080 STATE STREET	P.O.BOX:	40.02
40.03	CITY: EAST ST. LOUIS	STATE: IL ZIP CODE: 62203	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC				
	1	2	3	4	5				
47	HOSPITAL	N	N	N	N	47			
48	SUBPROVIDER I	N	N	N	N	48			
49	SKILLED NURSING FACILITY	N	N			49			
50	HOME HEALTH AGENCY	N	N			50			
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52			
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01			
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53			
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01			
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54			
	PREMIUMS: PAID LOSSES: AND/OR SELF INSURANCE:								
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01			
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55			
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.			DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4	56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01			
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59			

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY: 1	STATE: 2	ZIP CODE 3
		CBSA 4	FTE/ CAMPUS 5
SETTLEMENT DATA			
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	YES 02/28/2009	63

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

					I/P DAYS	O/P VISITS	TRIPS	
	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	TITLE V 3	LTCX NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	105	38430			2387	4308	1
2	HMO							2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF							3
4	HOSPITAL ADULTS & PEDS - SWING BED NF							4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	105	38430			2387	4308	5
6	INTENSIVE CARE UNIT							6
7	CORONARY CARE UNIT							7
8	BURN INTENSIVE CARE UNIT							8
9	SURGICAL INTENSIVE CARE UNIT							9
10	OTHER SPECIAL CARE (SPECIFY)							10
11	NURSERY						1077	11
12	TOTAL HOSPITAL	105	38430			2387	5385	12
13	RPCH VISITS							13
14	SUBPROVIDER I							14
15	SKILLED NURSING FACILITY							15
16	NURSING FACILITY							16
17	OTHER LONG TERM CARE							17
18	HOME HEALTH AGENCY					3311		18
20	ASC (DISTINCT PART)							20
21	HOSPICE (DISTINCT PART)							21
23	O/P REHAB PROVIDER							23
24	RHC I							24
25	TOTAL	105						25
26	OBSERVATION BED DAYS							26
27	AMBULANCE TRIPS							27
28	EMPLOYEE DISCOUNT DAYS							28

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

[illegible]

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
	COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL.		514	1227	2421	1
	SWING BED, OBSERV & HOSPICE DAYS					
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS -					3
	SWING BED SNF					
4	HOSPITAL ADULTS & PEDS -					4
	SWING BED NF					
5	TOTAL ADULTS & PEDS					5
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	OTHER SPECIAL CARE (SPECIFY)					10
11	NURSERY					11
12	TOTAL HOSPITAL		514	1227	2421	12
13	RPCH VISITS					13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPITAL WAGE INDEX INFORMATION

HOSPITAL WAGE INDEX INFORMATION			RECLASS.	ADJUSTED	PAID HOURS	AVERAGE		WORKSHEET S-3
PART II - WAGE DATA			OF SALARIES	SALARIES	RELATED	HOURLY WAGE		PART II
		AMOUNT	FROM WKST.	(COL.1 +	TO SALARY	(COL.3 /	DATA	
		REPORTED	A-6	COL.2)	IN COL.3	COL.4)	SOURCE	
	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	16457543		16457543	739124.00	22.27		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B	1024989		1024989	8498.00	120.62		5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES	861565		861565	28718.00	30.00		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	1214974		1214974	23055.00	52.70		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A	86820		86820	384.00	226.09		10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS							11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	2902706		2902706			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	171634		171634			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B	204189		204189			CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)							19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	231430		231430	8899.00	26.01		21
22	ADMINISTRATIVE & GENERAL	3222192		3222192	155635.00	20.70		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS	368760		368760	21733.00	16.97		23
24	OPERATION OF PLANT							24
25	LAUNDRY & LINEN SERVICE							25
26	HOUSEKEEPING	438640		438640	47169.00	9.30		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	360205	-238406	121799	11078.00	10.99		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA		238406	238406	21687.00	10.99		28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	887369		887369	30388.00	29.20		30
31	CENTRAL SERVICES AND SUPPLY	82598		82598	6691.00	12.34		31
32	PHARMACY	425711		425711	13779.00	30.90		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIBR	364466		364466	25035.00	14.56		33
34	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
1	2	3	4	5	6	7	8	9
1	NET SALARIES	15432554		15432554	730626.00	21.12		1
2	EXCLUDED AREA SALARIES	861565		861565	28718.00	30.00		2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	14570989		14570989	701908.00	20.76		3
4	SUBTOTAL OTHER WAGES & REL COSTS	1301794		1301794	23439.00	55.54		4
5	SUBTOTAL WAGE-RELATED COSTS	2902706		2902706		19.92%		5
6	TOTAL (SUM OF LINES 3 THRU 5)	18775489		18775489	725347.00	25.88		6
7	NET SALARIES							7
8	EXCLUDED AREA SALARIES							8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11	SUBTOTAL WAGE-RELATED COSTS							11
12	TOTAL (SUM OF LINES 9 THRU 11)							12
13	TOTAL OVERHEAD COSTS	6381371		6381371	342094.00	18.65		13

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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7315

WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

COUNTY:

DESCRIPTION	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4	TOTAL 5	
1 HOME HEALTH AIDE HOURS						1
2 UNDUPLICATED CENSUS COUNT		201.00		638.00	839.00	2

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK:	STAFF 1	CONTRACT 2	TOTAL 3	
40.00				
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				3
4 DIRECTORS AND ASSISTANT DIRECTOR(S)	.75		.75	4
5 OTHER ADMINISTRATIVE PERSONNEL	3.31		3.31	5
6 DIRECT NURSING SERVICE	4.02		4.02	6
7 NURSING SUPERVISOR	2.11		2.11	7
8 PHYSICAL THERAPY SERVICE	1.04		1.04	8
9 PHYSICAL THERAPY SUPERVISOR				9
10 OCCUPATIONAL THERAPY SERVICE	.40		.40	10
11 OCCUPATIONAL THERAPY SUPERVISOR				11
12 SPEECH PATHOLOGY SERVICE	.07		.07	12
13 SPEECH PATHOLOGY SUPERVISOR				13
14 MEDICAL SOCIAL SERVICE	.71		.71	14
15 MEDICAL SOCIAL SERVICE SUPERVISOR	1.38		1.38	15
16 HOME HEALTH AIDE				16
17 HOME HEALTH AIDE SUPERVISOR				17
18 OTHER (SPECIFY)				18

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COLUMN 1 OR CBSAs IN COLUMN 1.01 DID YOU PROVIDE SERVICES TO DURING THIS COST REPORTING PERIOD	1	1.01	1	19
20 LIST THOSE MSA CODE(S) IN COLUMN 1 AND CBSA CODE(S) IN COLUMN 1.01 SERVICED DURING THIS COST REPORTING PERIOD (LINE 20 CONTAINS THE FIRST CODE)		41180		20

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA

HHA NO.: 14-7315

WORKSHEET S-4
 (CONTINUED)

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 2000

		FULL EPISODES WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL 7	
21	SKILLED NURSING VISITS	1887	52	21	32			1992	21
22	SKILLED NURSING VISIT CHARGES	271728	7488	3024	4608			286848	22
23	PHYSICAL THERAPY VISITS	865		2	14			881	23
24	PHYSICAL THERAPY VISIT CHARGES	124560		288	2016			126864	24
25	OCCUPATIONAL THERAPY VISITS	272		2	6			280	25
26	OCCUPATIONAL THERAPY VISIT CHARGES	39168		288	864			40320	26
27	SPEECH PATHOLOGY VISITS	62						62	27
28	SPEECH PATHOLOGY VISIT CHARGES	8928						8928	28
29	MEDICAL SOCIAL SERVICE VISITS	24		1	1			26	29
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	4608		192	192			4992	30
31	HOME HEALTH AIDE VISITS								31
32	HOME HEALTH AIDE VISIT CHARGES								32
33	TOTAL VISITS	3110	52	26	53			3241	33
34	OTHER CHARGES								34
35	TOTAL CHARGES	448992	7488	3792	7680			467952	35
36	TOTAL NUMBER OF EPISODES								36
37	TOTAL NUMBER OF OUTLIER EPISODES								37
38	TOTAL MEDICAL SUPPLY CHARGES	5582	315	159				6056	38

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	5109213 17
17.01	GROSS MEDICAID REVENUES	17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	5109213 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	24158521 23
24	COST TO CHARGE RATIO	0.482897 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	11666077 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28
29	TOTAL GROSS MEDICAID COST	29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	30
31	UNCOMPENSATED CARE COST	31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	11666077 32

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT		46722	46722	48032	94754	-16331	78423	1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		18	18	12370	12388	-6553	5835	2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		224106	224106	47139	271245	-70797	200448	3
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		847903	847903	55000	902903	-36135	866768	4
5	0500 EMPLOYEE BENEFITS	231430	2388127	2619557	-131979	2487578		2487578	5
6	0600 ADMINISTRATIVE & GENERAL	3222192	4567259	7789451	-46269	7743182	-147934	7595248	6
7	0700 MAINTENANCE & REPAIRS	368760	240200	608960		608960	-8732	600228	7
8	0800 OPERATION OF PLANT								8
9	0900 LAUNDRY & LINEN SERVICE		20976	20976		20976		20976	9
10	1000 HOUSEKEEPING	438640	229132	667772	37	667809		667809	10
11	1100 DIETARY	360205	292770	652975	-432180	220795		220795	11
12	1200 CAFETERIA				432180	432180	-147183	284997	12
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	887369	112272	999641		999641	-31683	967958	14
15	1500 CENTRAL SERVICES & SUPPLY	82598	96674	179272	-65477	113795	-246	113549	15
16	1600 PHARMACY	425711	835471	1261182	-718028	543154		543154	16
17	1700 MEDICAL RECORDS & LIBRARY	364466	155875	520341		520341	-2154	518187	17
18	1800 SOCIAL SERVICE								18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	2968797	1716441	4685238	-3663	4681575	-198960	4482615	25
33	3300 NURSERY	560777	106363	667140		667140	-10000	657140	33
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	650544	610278	1260822	-253801	1007021		1007021	37
39	3900 DELIVERY ROOM & LABOR ROOM	853350	149705	1003055	-622	1002433		1002433	39
40	4000 ANESTHESIOLOGY		795899	795899	-1438	794461	-756810	37651	40
41	4100 RADIOLOGY-DIAGNOSTIC	836368	636012	1472380		1472380	-686	1471694	41
44	4400 LABORATORY	560192	1405932	1966124		1966124		1966124	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	408072	384709	792781		792781	-214824	577957	49
50	5000 PHYSICAL THERAPY	19017	315931	334948		334948		334948	50
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				328672	328672		328672	55
56	5600 DRUGS CHARGED TO PATIENTS				718028	718028		718028	56
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	609479	1630580	2240059	49370	2289429	-1384644	904785	60
61	6100 EMERGENCY	1748011	1374713	3122724	78706	3201430	-1281646	1919784	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY	821127	161885	983012	195	983207		983207	71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		116272	116272	-116272				88
95	SUBTOTALS	16417105	19462225	35879330		35879330	-4315318	31564012	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN	40438	59530	99968		99968		99968	96
98	9800 PHYSICIANS' PRIVATE OFFICES		889	889		889		889	98
101	TOTAL	16457543	19522644	35980187		35980187	-4315318	31664869	101

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RECLASSIFICATIONS

WORKSHEET A-6
PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE	SALARY	OTHER
1		2	LINE #	4	5
1 MEDICAL SUPPLIES	A	HOUSEKEEPING	10		37 1
2	A	MEDICAL SUPPLIES CHARGED TO P	55		65477 2
3	A	MEDICAL SUPPLIES CHARGED TO P	55		3663 3
4	A	MEDICAL SUPPLIES CHARGED TO P	55		253801 4
5	A	MEDICAL SUPPLIES CHARGED TO P	55		622 5
6	A	MEDICAL SUPPLIES CHARGED TO P	55		1438 6
7	A	MEDICAL SUPPLIES CHARGED TO P	55		83 7
8	A	MEDICAL SUPPLIES CHARGED TO P	55		3820 8
9	A	HOME HEALTH AGENCY	71		195 9
10 DRUGS	B	DRUGS CHARGED TO PATIENTS	56		718028 10
11 CAFETERIA COSTS - SALARY	C	CAFETERIA	12	238406	11
12 EMERGENCY PHYS FRINGE BENEFITS	D	EMERGENCY	61		82526 12
13 INSURANCE	E	OLD CAP REL COSTS-BLDG & FIXT	1		13673 13
14	E	OLD CAP REL COSTS-MVBLE EQUIP	2		3521 14
15	E	NEW CAP REL COSTS-BLDG & FIXT	3		13419 15
16	E	NEW CAP REL COSTS-MVBLE EQUIP	4		15656 16
17 CLINIC PHYS FRINGE BENEFITS	F	CLINIC	60		49453 17
18 INTEREST	G	OLD CAP REL COSTS-BLDG & FIXT	1		34359 18
19	G	OLD CAP REL COSTS-MVBLE EQUIP	2		8849 19
20	G	NEW CAP REL COSTS-BLDG & FIXT	3		33720 20
21	G	NEW CAP REL COSTS-MVBLE EQUIP	4		39344 21
22 CAFETERIA COSTS-OTHER	H	CAFETERIA	12		193774 22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				238406	1535458 36

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RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- COST CENTER 1	DECREASE LINE # 7	SALARY 8	OTHER 9	WKST A-7 REF. 10
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO P	55		37	1
2	A	CENTRAL SERVICES & SUPPLY	15		65477	2
3	A	ADULTS & PEDIATRICS	25		3663	3
4	A	OPERATING ROOM	37		253801	4
5	A	DELIVERY ROOM & LABOR ROOM	39		622	5
6	A	ANESTHESIOLOGY	40		1438	6
7	A	CLINIC	60		83	7
8	A	EMERGENCY	61		3820	8
9	A	MEDICAL SUPPLIES CHARGED TO P	55		195	9
10 DRUGS	B	PHARMACY	16		718028	10
11 CAFETERIA COSTS - SALARY	C	DIETARY	11	238406		11
12 EMERGENCY PHYS FRINGE BENEFITS	D	EMPLOYEE BENEFITS	5		82526	12
13 INSURANCE	E	ADMINISTRATIVE & GENERAL	6		46269	12
14	E					12
15	E					12
16	E					12
17 CLINIC PHYS FRINGE BENEFITS	F	EMPLOYEE BENEFITS	5		49453	17
18 INTEREST	G	INTEREST EXPENSE	88		34359	11
19	G	INTEREST EXPENSE	88		8849	11
20	G	INTEREST EXPENSE	88		33720	11
21	G	INTEREST EXPENSE	88		39344	11
22 CAFETERIA COSTS-OTHER	H	DIETARY	11		193774	22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				238406	1535458	36

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ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	57843					57843		1
2 LAND IMPROVEMENTS	104376					104376		2
3 BUILDINGS AND FIXTURES	8240845					8240845		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	2164216					2164216		6
7 SUBTOTAL	10567280					10567280		7
8 RECONCILING ITEMS								8
9 TOTAL	10567280					10567280		9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	1638378					1638378		1
2 LAND IMPROVEMENTS	455129	7446		7446		462575		2
3 BUILDINGS AND FIXTURES	1795425	4350492		4350492		6145917		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT	8790251	871823		871823	39960	9622114		6
7 SUBTOTAL	12679183	5229761		5229761	39960	17868984		7
8 RECONCILING ITEMS								8
9 TOTAL	12679183	5229761		5229761	39960	17868984		9

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

SUMMARY OF OLD AND NEW CAPITAL							
DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	55835		34359	13673		-25444	78423 1
2 OLD CAP REL COSTS-MVBLE EQUIP	18		8849	3521		-6553	5835 2
3 NEW CAP REL COSTS-BLDG & FIXT	178280		33720	13419		-24971	200448 3
4 NEW CAP REL COSTS-MVBLE EQUIP	847903		39344	15656		-36135	866768 4
5 TOTAL	1082036		116272	46269		-93103	1151474 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

SUMMARY OF OLD AND NEW CAPITAL							
DESCRIPTION	DEPREC- IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL- RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT	46722						46722 1
2 OLD CAP REL COSTS-MVBLE EQUIP	18						18 2
3 NEW CAP REL COSTS-BLDG & FIXT	224106						224106 3
4 NEW CAP REL COSTS-MVBLE EQUIP	847903						847903 4
5 TOTAL	1118749						1118749 5

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WORKST A-7	
DESCRIPTION	BASIS	COST CENTER	REF
	1	3	5
AMOUNT	2	LINE NO.	4
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES	B	OLD CAP REL COSTS-BLDG & FIXT	14 1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT	B	OLD CAP REL COSTS-MVBLE EQUIP	14 2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES	B	NEW CAP REL COSTS-BLDG & FIXT	14 3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT	B	NEW CAP REL COSTS-MVBLE EQUIP	14 4
5 INVESTMENT INCOME-OTHER			5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	A	ADMINISTRATIVE & GENERAL	6 6
7 REFUNDS AND REBATES OF EXPENSES			7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS			8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)			9
10 TELEVISION AND RADIO SERVICE			10
11 PARKING LOT			11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST		
	A-8-2		12
13 SALE OF SCRAP, WASTE, ETC.			13
14 RELATED ORGANIZATION TRANSACTIONS	WKST		
	A-8-1		14
15 LAUNDRY AND LINEN SERVICE			15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	CAFETERIA	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS			17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS			18
19 SALE OF DRUGS TO OTHER THAN PATIENTS			19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS	B	MEDICAL RECORDS & LIBRARY	20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)			21
22 VENDING MACHINES			22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES			23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT			24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST	RESPIRATORY THERAPY	25
	A-8-4		
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST	PHYSICAL THERAPY	26
	A-8-4		
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST	HOME HEALTH AGENCY	27
	A-8-3		
28 UTIL REVIEW-PHYSICIANS' COMPENSATION		UTILIZATION REVIEW-SNF	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES	B	OLD CAP REL COSTS-BLDG & FIXT	9 29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT		OLD CAP REL COSTS-MVBLE EQUIP	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES	A	NEW CAP REL COSTS-BLDG & FIXT	9 31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT		NEW CAP REL COSTS-MVBLE EQUIP	32
33 NON-PHYSICIAN ANESTHETIST		NONPHYSICIAN ANESTHETISTS	33
34 PHYSICIANS' ASSISTANT			34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		35
	WKST A-8-4		
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		
	WKST A-8-4		
37 MISC INCOME	B	NURSING ADMINISTRATION	14 37
38 MISC INCOME - CENTRAL SUPPLY	B	CENTRAL SERVICES & SUPPLY	15 38
39 MISC INCOME	B	ADMINISTRATIVE & GENERAL	6 39
40 IHA ASSOCIATION DUES	A	ADMINISTRATIVE & GENERAL	6 40
41 GAIN/LOSS ON SALE OF FIXED ASSETS	B	NEW CAP REL COSTS-MVBLE EQUIP	4 41
42 TOUCHETTE ELDERLY APTS	B	NURSING ADMINISTRATION	14 42
43 TRANSPORTATION	B	ADMINISTRATIVE & GENERAL	6 43
44 MALPRACTICE ACCRUAL	B	ADMINISTRATIVE & GENERAL	6 44
45 ARCHVIEW	B	CLINIC	60 45
46			46
47			47
48			48
49			49
50 TOTAL			50

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF
1	2	3	4	5	6	7
1	7	MAINTENANCE & REPAIRS	MAINTENANCE	8732	-8732	1
2	6	ADMINISTRATIVE & GENERAL	SIHF SERVICES	13684	-13684	2
3						3
4	41	RADIOLOGY-DIAGNOSTIC	KHRH SERVICES	686	-686	4
5		TOTALS		23102	-23102	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B		SIHF	100.00	NOT FOR PROFIT
2	B		KHRH		NOT FOR PROFIT
3					
4					
5					

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	LINE	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2		3	4	5	6	7	8	9
1	25	ADULTS & PEDIATRICS	209960	198960	11000	153400	2080	153400	7670
2	33	NURSERY	10000	10000		153400	2080	153400	7670
3	40	ANESTHESIOLOGY	756810	756810		200300	2080	200300	10015
4	41	RADIOLOGY-DIAGNOSTIC				225300	2080	225300	11265
5	44	LABORATORY				215700	2080	215700	10785
6	49	RESPIRATORY THERAPY	214824	214824		177200	2080	177200	8860
7	60	CLINIC	1371519	1371519		177200	2080	177200	8860
8	61	EMERGENCY	1368466	1277326	86820	177200	2080	177200	8860
101		TOTAL	3931579	3829439	97820		16640	1479700	73985

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO. 10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS	AGGREGATE				153400		198960
2 33	NURSERY	NURSERY				153400		10000
3 40	ANESTHESIOLOGY	ANESTHESIOLOGY				200300		756810
4 41	RADIOLOGY-DIAGNOSTIC	XRAY				225300		
5 44	LABORATORY	LABORATORY				215700		
6 49	RESPIRATORY THERAPY	RESPIRATORY THERAPY				177200		214824
7 60	CLINIC	CLINIC				177200		1371519
8 61	EMERGENCY	EMERGENCY				177200		1281646
101	TOTAL					1479700		3833759

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		NET EXP FOR COST ALLOCATION 0	OLD CAP RE L COSTS-BL DG & FIXT 1	OLD CAP RE L COSTS-MV BLE EQUIP 2	NEW CAP RE L COSTS-BL DG & FIXT 3	NEW CAP RE L COSTS-MV BLE EQUIP 4	EMPLOYEE B ENEFFITS 5	SUBTOTAL 5A	ADMINISTRA TIVE & GEN ERAL 6	
1	GENERAL SERVICE COST CENTERS									1
2	OLD CAP REL COSTS-BLDG & FIXT	78423	78423							2
3	OLD CAP REL COSTS-MVBLE EQUIP	5835		5835						3
4	NEW CAP REL COSTS-BLDG & FIXT	200448			200448					4
5	NEW CAP REL COSTS-MVBLE EQUIP	866768				866768				5
6	EMPLOYEE BENEFITS	2487578					2487578			6
7	ADMINISTRATIVE & GENERAL	7595248	21787	1617	55687	240796	527294	8442429	8442429	7
8	MAINTENANCE & REPAIRS	600228	9865	734	25216	109038	60345	805426	292809	8
9	OPERATION OF PLANT									9
10	LAUNDRY & LINEN SERVICE	20976	564	42	1441	6230		29253	10635	10
11	HOUSEKEEPING	667809	1967	146	5026	21735	71781	768464	279372	11
12	DIETARY	220795	2979	222	7615	32929	19932	284472	103419	12
13	CAFETERIA	284997	1234	92	3153	13635	39014	342125	124378	13
14	MAINTENANCE OF PERSONNEL									14
15	NURSING ADMINISTRATION	967958	972	72	2484	10743	145213	1127442	409877	15
16	CENTRAL SERVICES & SUPPLY	113549	942	70	2409	10416	13517	140903	51225	16
17	PHARMACY	543154	680	51	1737	7512	69665	622799	226416	17
18	MEDICAL RECORDS & LIBRARY	518187	1284	96	3281	14187	59643	596678	216920	18
19	SOCIAL SERVICE									19
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
25	INPATIENT ROUTINE SERV COST CENTERS									25
33	ADULTS & PEDIATRICS	4482615	9489	706	24255	104881	485826	5107772	1856914	33
	NURSERY	657140	774	58	1979	8557	91768	760276	276395	
37	ANCILLARY SERVICE COST CENTERS									37
39	OPERATING ROOM	1007021	6459	481	16510	71393	106458	1208322	439281	39
40	DELIVERY ROOM & LABOR ROOM	1002433	4242	316	10843	46885	139646	1204365	437842	40
41	ANESTHESIOLOGY	37651	61	5	155	671		38543	14012	41
44	RADIOLOGY-DIAGNOSTIC	1471694	2293	171	5861	25346	136867	1642232	597027	44
46.30	LABORATORY	1966124	1705	127	4358	18843	91672	2082829	757204	46.30
49	BLOOD CLOTTING FACTORS ADMIN CO									49
50	RESPIRATORY THERAPY	577957	846	63	2162	9347	66779	657154	238906	50
55	PHYSICAL THERAPY	334948	1123	84	2870	12412	3112	354549	128895	55
60	MEDICAL SUPPLIES CHARGED TO PAT	328672						328672	119487	60
61	DRUGS CHARGED TO PATIENTS	718028						718028	261036	61
62	OUTPATIENT SERVICE COST CENTERS									62
63.50	CLINIC	904785	5329	397	13621	58899	36887	1019918	370787	63.50
63.60	EMERGENCY	1919784	2461	183	6291	27205	181169	2137093	776932	63.60
69.10	OBSEVATION BEDS (NON-DISTINCT									69.10
69.20	RHC									69.20
69.30	FQHC									69.30
69.40	OTHER REIMBURSABLE COST CENTERS									69.40
71	CMHC									71
85.01	OUTPATIENT PHYSICAL THERAPY									85.01
85.02	OUTPATIENT OCCUPATIONAL THERAPY									85.02
85.03	OUTPATIENT SPEECH PATHOLOGY									85.03
95	HOME HEALTH AGENCY	983207					134373	1117580	406292	95
96	SPECIAL PURPOSE COST CENTERS									96
98	PANCREAS ACQUISITION									98
101	INTESTINAL ACQUISITION									101
102	ISLET CELL ACQUISITION									102
103	SUBTOTALS	31564012	77056	5733	196954	851660	2480961	31537324	8396061	103
	NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN	99968	445	33	1137	4917	6617	113117	41123	96
98	PHYSICIANS' PRIVATE OFFICES	889	922	69	2357	10191		14428	5245	98
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	TOTAL	31664869	78423	5835	200448	866768	2487578	31664869	8442429	103

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SE PHARMACY	
		7	9	10	11	12	14	15	16	
1	GENERAL SERVICE COST CENTERS									1
2	OLD CAP REL COSTS-BLDG & FIXT									2
3	OLD CAP REL COSTS-MVBLE EQUIP									3
4	NEW CAP REL COSTS-BLDG & FIXT									4
5	NEW CAP REL COSTS-MVBLE EQUIP									5
6	EMPLOYEE BENEFITS									6
7	ADMINISTRATIVE & GENERAL									7
8	MAINTENANCE & REPAIRS	1098235								8
9	OPERATION OF PLANT									9
10	LAUNDRY & LINEN SERVICE	13235	53123							10
11	HOUSEKEEPING	46177		1094013						11
12	DIETARY	69959			457850					12
13	CAFETERIA	28968				495471				13
14	MAINTENANCE OF PERSONNEL									14
15	NURSING ADMINISTRATION	22823		9780		33828	1603750			15
16	CENTRAL SERVICES & SUPPLY	22129		4890		19230		238377		16
17	PHARMACY	15960		4890		19230		546	889841	17
18	MEDICAL RECORDS & LIBRARY	30141		4890		27062		37		18
19	SOCIAL SERVICE									19
20	NONPHYSICIAN ANESTHETISTS									20
21	NURSING SCHOOL									21
22	I&R SERVICES-SALARY & FRINGES A									22
23	I&R SERVICES-OTHER PRGM COSTS A									23
24	PARAMED ED PRGM-(SPECIFY)									24
25	INPATIENT ROUTINE SERV COST CENTERS									25
33	ADULTS & PEDIATRICS	222821	15334	240257	457850	94020	817164	44423	20283	33
	NURSERY	18180	984			18164	93608	8961	75	
37	ANCILLARY SERVICE COST CENTERS									37
39	OPERATING ROOM	151676	9858	120129		37394	146456	44427	7397	39
40	DELIVERY ROOM & LABOR ROOM	99608	3398	115239		30995	185426	12322	2594	40
41	ANESTHESIOLOGY	1426		4890		11765		3522	446	41
44	RADIOLOGY-DIAGNOSTIC	53848	7667	57908		26712		2864	103238	44
46.30	LABORATORY	40032	3286	57908		43093		2271	8150	46.30
49	BLOOD CLOTTING FACTORS ADMIN CO									49
50	RESPIRATORY THERAPY	19858	4381	73429		14264		10625	1810	50
55	PHYSICAL THERAPY	26369	2191	24476		19230		454	79	55
56	MEDICAL SUPPLIES CHARGED TO PAT							75533		56
	DRUGS CHARGED TO PATIENTS								693985	
60	OUTPATIENT SERVICE COST CENTERS									60
61	CLINIC	125131		67687		78721	98145	1672	11441	61
62	EMERGENCY	57797	6024	278274		15331	262951	29143	35207	62
63.50	OBSERVATION BEDS (NON-DISTINCT									63.50
63.60	RHC									63.60
	FQHC									
69.10	OTHER REIMBURSABLE COST CENTERS									69.10
69.20	CMHC									69.20
69.30	OUTPATIENT PHYSICAL THERAPY									69.30
69.40	OUTPATIENT OCCUPATIONAL THERAPY									69.40
71	OUTPATIENT SPEECH PATHOLOGY									71
	HOME HEALTH AGENCY							1577	5136	
85.01	SPECIAL PURPOSE COST CENTERS									85.01
85.02	PANCREAS ACQUISITION									85.02
85.03	INTESTINAL ACQUISITION									85.03
95	ISLET CELL ACQUISITION									95
	SUBTOTALS	1066138	53123	1064647	457850	489039	1603750	238377	889841	
96	NONREIMBURSABLE COST CENTERS									96
98	GIFT, FLOWER, COFFEE SHOP & CAN	10447		4890		6432				98
101	PHYSICIANS' PRIVATE OFFICES	21650		24476						101
102	CROSS FOOT ADJUSTMENTS									102
103	NEGATIVE COST CENTER									103
	TOTAL	1098235	53123	1094013	457850	495471	1603750	238377	889841	

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PART I

COST CENTER DESCRIPTION		MEDICAL RE CORDS & LI BRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		17	25	26	27	
	GENERAL SERVICE COST CENTERS					1
1	OLD CAP REL COSTS-BLDG & FIXT					2
2	OLD CAP REL COSTS-MVBLE EQUIP					3
3	NEW CAP REL COSTS-BLDG & FIXT					4
4	NEW CAP REL COSTS-MVBLE EQUIP					5
5	EMPLOYEE BENEFITS					6
6	ADMINISTRATIVE & GENERAL					7
7	MAINTENANCE & REPAIRS					8
8	OPERATION OF PLANT					9
9	LAUNDRY & LINEN SERVICE					10
10	HOUSEKEEPING					11
11	DIETARY					12
12	CAFETERIA					13
13	MAINTENANCE OF PERSONNEL					14
14	NURSING ADMINISTRATION					15
15	CENTRAL SERVICES & SUPPLY					16
16	PHARMACY					17
17	MEDICAL RECORDS & LIBRARY	875728				18
18	SOCIAL SERVICE					20
20	NONPHYSICIAN ANESTHETISTS					21
21	NURSING SCHOOL					22
22	I&R SERVICES-SALARY & FRINGES A					23
23	I&R SERVICES-OTHER PRGM COSTS A					24
24	PARAMED ED PRGM-(SPECIFY)					25
25	INPATIENT ROUTINE SERV COST CENTERS					33
33	ADULTS & PEDIATRICS	753123	9629961		9629961	
	NURSERY	8745	1185388		1185388	
	ANCILLARY SERVICE COST CENTERS					37
37	OPERATING ROOM		2164940		2164940	39
39	DELIVERY ROOM & LABOR ROOM		2091789		2091789	40
40	ANESTHESIOLOGY		74604		74604	41
41	RADIOLOGY-DIAGNOSTIC		2491496		2491496	44
44	LABORATORY		2994773		2994773	46.30
46.30	BLOOD CLOTTING FACTORS ADMIN CO					49
49	RESPIRATORY THERAPY		1020427		1020427	50
50	PHYSICAL THERAPY		556243		556243	55
55	MEDICAL SUPPLIES CHARGED TO PAT		523692		523692	56
56	DRUGS CHARGED TO PATIENTS		1673049		1673049	60
	OUTPATIENT SERVICE COST CENTERS					61
60	CLINIC		1773502		1773502	62
61	EMERGENCY	113860	3712612		3712612	63.50
62	OBSERVATION BEDS (NON-DISTINCT					63.60
63.50	RHC					69.10
63.60	FQHC					69.20
	OTHER REIMBURSABLE COST CENTERS					69.30
69.10	CMHC					69.40
69.20	OUTPATIENT PHYSICAL THERAPY					71
69.30	OUTPATIENT OCCUPATIONAL THERAPY					85.01
69.40	OUTPATIENT SPEECH PATHOLOGY					85.02
71	HOME HEALTH AGENCY		1530585		1530585	85.03
	SPECIAL PURPOSE COST CENTERS					95
85.01	PANCREAS ACQUISITION					96
85.02	INTESTINAL ACQUISITION					98
85.03	ISLET CELL ACQUISITION					101
95	SUBTOTALS	875728	31423061		31423061	102
	NONREIMBURSABLE COST CENTERS					103
96	GIFT, FLOWER, COFFEE SHOP & CAN		176009		176009	
98	PHYSICIANS' PRIVATE OFFICES		65799		65799	
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL	875728	31664869		31664869	

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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	OLD CAP RE L COSTS-BL DG & FIXT 1	OLD CAP RE L COSTS-MV BLE EQUIP 2	CAP REL COST TO BE ALLOC 4A	ADMINISTRA TIVE & GEN ERAL 6	MAINTENANC E & REPAIR S 7	LAUNDRY & LINEN SERV ICE 9	HOUSEKEEPI NG 10
1	GENERAL SERVICE COST CENTERS								1
2	OLD CAP REL COSTS-BLDG & FIXT								2
3	OLD CAP REL COSTS-MVBLE EQUIP								3
4	NEW CAP REL COSTS-BLDG & FIXT								4
5	NEW CAP REL COSTS-MVBLE EQUIP								5
6	EMPLOYEE BENEFITS								6
7	ADMINISTRATIVE & GENERAL	21787	1617	23404	23404				7
8	MAINTENANCE & REPAIRS	9865	734	10599	812	11411			8
9	OPERATION OF PLANT								9
10	LAUNDRY & LINEN SERVICE	564	42	606	29	138	773		10
11	HOUSEKEEPING	1967	146	2113	775	480		3368	11
12	DIETARY	2979	222	3201	287	727			12
13	CAFETERIA	1234	92	1326	345	301			13
14	MAINTENANCE OF PERSONNEL								14
15	NURSING ADMINISTRATION	972	72	1044	1136	237			15
16	CENTRAL SERVICES & SUPPLY	942	70	1012	142	230			16
17	PHARMACY	680	51	731	628	166			17
18	MEDICAL RECORDS & LIBRARY	1284	96	1380	601	313			18
19	SOCIAL SERVICE								19
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
25	INPATIENT ROUTINE SERV COST CENTERS								25
33	ADULTS & PEDIATRICS	9489	706	10195	5146	2314	223	740	33
	NURSERY	774	58	832	766	189	14		
37	ANCILLARY SERVICE COST CENTERS								37
39	OPERATING ROOM	6459	481	6940	1218	1576	143	370	39
40	DELIVERY ROOM & LABOR ROOM	4242	316	4558	1214	1035	49	355	40
41	ANESTHESIOLOGY	61	5	66	39	15		15	41
44	RADIOLOGY-DIAGNOSTIC	2293	171	2464	1655	559	112	178	44
46.30	LABORATORY	1705	127	1832	2099	416	48	178	46.30
49	BLOOD CLOTTING FACTORS ADMIN CO	846	63	909	662	206	64	226	49
50	RESPIRATORY THERAPY	1123	84	1207	357	274	32	75	50
55	PHYSICAL THERAPY				331				55
56	MEDICAL SUPPLIES CHARGED TO PAT				724				56
60	DRUGS CHARGED TO PATIENTS								60
61	OUTPATIENT SERVICE COST CENTERS								61
62	CLINIC	5329	397	5726	1028	1300		208	62
63.50	EMERGENCY	2461	183	2644	2154	601	88	858	63.50
63.60	OBSERVATION BEDS (NON-DISTINCT								63.60
	RHC								
	FQHC								
69.10	OTHER REIMBURSABLE COST CENTERS								69.10
69.20	CMHC								69.20
69.30	OUTPATIENT PHYSICAL THERAPY								69.30
69.40	OUTPATIENT OCCUPATIONAL THERAPY								69.40
71	OUTPATIENT SPEECH PATHOLOGY								71
	HOME HEALTH AGENCY				1127				
85.01	SPECIAL PURPOSE COST CENTERS								85.01
85.02	PANCREAS ACQUISITION								85.02
85.03	INTESTINAL ACQUISITION								85.03
95	ISLET GELL ACQUISITION								95
	SUBTOTALS	77056	5733	82789	23275	11077	773	3278	
96	NONREIMBURSABLE COST CENTERS								96
98	GIFT, FLOWER, COFFEE SHOP & CAN	445	33	478	114	109		15	98
101	PHYSICIANS' PRIVATE OFFICES	922	69	991	15	225		75	101
102	CROSS FOOT ADJUSTMENTS								102
103	NEGATIVE COST CENTER								103
	TOTAL	78423	5835	84258	23404	11411	773	3368	

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WORKSHEET B
 PART II

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
		11	12	14	15	16	17	25	26
1	GENERAL SERVICE COST CENTERS								1
2	OLD CAP REL COSTS-BLDG & FIXT								2
3	OLD CAP REL COSTS-MVBLE EQUIP								3
4	NEW CAP REL COSTS-BLDG & FIXT								4
5	NEW CAP REL COSTS-MVBLE EQUIP								5
6	EMPLOYEE BENEFITS								6
7	ADMINISTRATIVE & GENERAL								7
8	MAINTENANCE & REPAIRS								8
9	OPERATION OF PLANT								9
10	LAUNDRY & LINEN SERVICE								10
11	HOUSEKEEPING								11
12	DIETARY	4215							12
13	CAFETERIA		1972						13
14	MAINTENANCE OF PERSONNEL								14
15	NURSING ADMINISTRATION		135	2582					15
16	CENTRAL SERVICES & SUPPLY		77		1476				16
17	PHARMACY		77		3	1620			17
18	MEDICAL RECORDS & LIBRARY		108				2417		18
19	SOCIAL SERVICE								19
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
25	INPATIENT ROUTINE SERV COST CENTERS								25
33	ADULTS & PEDIATRICS	4215	372	1315	275	37	2079	26911	33
37	NURSERY		72	151	55		24	2103	37
39	ANCILLARY SERVICE COST CENTERS								39
40	OPERATING ROOM		149	236	275	13		10920	40
41	DELIVERY ROOM & LABOR ROOM		123	299	76	5		7714	41
44	ANESTHESIOLOGY		47		22	1		205	44
46.30	RADIOLOGY-DIAGNOSTIC		106		18	188		5280	46.30
49	LABORATORY		172		14	15		4774	49
50	BLOOD CLOTTING FACTORS ADMIN CO					3		2193	50
55	RESPIRATORY THERAPY		57		66			2025	55
56	PHYSICAL THERAPY		77		3			800	56
60	MEDICAL SUPPLIES CHARGED TO PAT				469			1988	60
61	DRUGS CHARGED TO PATIENTS					1264			61
62	OUTPATIENT SERVICE COST CENTERS								62
63.50	CLINIC		313	158	10	21		8764	63.50
63.60	EMERGENCY		61	423	180	64	314	7387	63.60
69.10	OBSERVATION BEDS (NON-DISTINCT								69.10
69.20	RHC								69.20
69.30	FQHC								69.30
69.40	OTHER REIMBURSABLE COST CENTERS								69.40
71	CMHC								71
85.01	OUTPATIENT PHYSICAL THERAPY								85.01
85.02	OUTPATIENT OCCUPATIONAL THERAPY								85.02
85.03	OUTPATIENT SPEECH PATHOLOGY								85.03
95	HOME HEALTH AGENCY				10	9		1146	95
96	SPECIAL PURPOSE COST CENTERS								96
98	PANCREAS ACQUISITION								98
101	INTESTINAL ACQUISITION								101
102	ISLET CELL ACQUISITION								102
103	SUBTOTALS	4215	1946	2582	1476	1620	2417	82210	103
	NONREIMBURSABLE COST CENTERS								
	GIFT, FLOWER, COFFEE SHOP & CAN		26					742	
	PHYSICIANS' PRIVATE OFFICES							1306	
	CROSS FOOT ADJUSTMENTS								
	NEGATIVE COST CENTER								
	TOTAL	4215	1972	2582	1476	1620	2417	84258	

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.01
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ALLOCATION OF OLD CAPITAL RELATED COSTS

WORKSHEET B
 PART II

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	26911	25
33	NURSERY	2103	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	10920	37
39	DELIVERY ROOM & LABOR ROOM	7714	39
40	ANESTHESIOLOGY	205	40
41	RADIOLOGY-DIAGNOSTIC	5280	41
44	LABORATORY	4774	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	2193	49
50	PHYSICAL THERAPY	2025	50
55	MEDICAL SUPPLIES CHARGED TO PAT	800	55
56	DRUGS CHARGED TO PATIENTS	1988	56
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	8764	60
61	EMERGENCY	7387	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	1146	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	82210	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	742	96
98	PHYSICIANS' PRIVATE OFFICES	1306	98
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	84258	103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	DIR ASSGND	NEW CAP RE	NEW CAP RE	CAP REL	ADMINISTRA	MAINTENANC	LAUNDRY &	HOUSEKEEPI
	CAP-REL	L COSTS-BL	L COSTS-MV	COST TO	TIVE & GEN	E & REPAIR	LINEN SERV NG	
	COSTS	DG & FIXT	BLE EQUIP	BE ALLOC	ERAL	S	ICE	
	0	3	4	4A	6	7	9	10
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL	55687	240796	296483	296483				6
7 MAINTENANCE & REPAIRS	25216	109038	134254	10283	144537			7
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE	1441	6230	7671	373	1742	9786		9
10 HOUSEKEEPING	5026	21735	26761	9811	6077		42649	10
11 DIETARY	7615	32929	40544	3632	9207			11
12 CAFETERIA	3153	13635	16788	4368	3812			12
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	2484	10743	13227	14394	3004		381	14
15 CENTRAL SERVICES & SUPPLY	2409	10416	12825	1799	2912		191	15
16 PHARMACY	1737	7512	9249	7951	2100		191	16
17 MEDICAL RECORDS & LIBRARY	3281	14187	17468	7618	3967		191	17
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	24255	104881	129136	65215	29325	2825	9366	25
33 NURSERY	1979	8557	10536	9706	2393	181		33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	16510	71393	87903	15427	19962	1816	4683	37
39 DELIVERY ROOM & LABOR ROOM	10843	46885	57728	15376	13109	626	4492	39
40 ANESTHESIOLOGY	155	671	826	492	188		191	40
41 RADIOLOGY-DIAGNOSTIC	5861	25346	31207	20966	7087	1412	2257	41
44 LABORATORY	4358	18843	23201	26591	5269	605	2257	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49 RESPIRATORY THERAPY	2162	9347	11509	8390	2614	807	2863	49
50 PHYSICAL THERAPY	2870	12412	15282	4527	3470	404	954	50
55 MEDICAL SUPPLIES CHARGED TO PAT				4196				55
56 DRUGS CHARGED TO PATIENTS				9167				56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	13621	58899	72520	13021	16468		2639	60
61 EMERGENCY	6291	27205	33496	27284	7607	1110	10848	61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY				14268				71
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
95 SUBTOTALS	196954	851660	1048614	294855	140313	9786	41504	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	1137	4917	6054	1444	1375		191	96
98 PHYSICIANS' PRIVATE OFFICES	2357	10191	12548	184	2849		954	98
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 TOTAL	200448	866768	1067216	296483	144537	9786	42649	103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING AD MINISTRATI ON	CENTRAL SE RVICES & S UPPLY	PHARMACY	MEDICAL RE CORDS & LI BRARY	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS
		11	12	14	15	16	17	25	26
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE								9
10	HOUSEKEEPING								10
11	DIETARY	53383							11
12	CAFETERIA		24968						12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		1705	32711					14
15	CENTRAL SERVICES & SUPPLY		969		18696				15
16	PHARMACY		969		43	20503			16
17	MEDICAL RECORDS & LIBRARY		1364		3		30611		17
18	SOCIAL SERVICE								18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	53383	4737	16668	3484	467	26325	340931	25
33	NURSERY		915	1909	703	2	306	26651	33
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM		1884	2987	3484	170		138316	37
39	DELIVERY ROOM & LABOR ROOM		1562	3782	966	60		97701	39
40	ANESTHESIOLOGY		593		276	10		2576	40
41	RADIOLOGY-DIAGNOSTIC		1346		225	2379		66879	41
44	LABORATORY		2172		178	188		60461	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	RESPIRATORY THERAPY		719		833	42		27777	49
50	PHYSICAL THERAPY		969		36	2		25644	50
55	MEDICAL SUPPLIES CHARGED TO PAT				5924			10120	55
56	DRUGS CHARGED TO PATIENTS					15990		25157	56
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		3967	2002	131	264		111012	60
61	EMERGENCY		773	5363	2286	811	3980	93558	61
62	OBSERVATION BEDS (NON-DISTINCT								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY				124	118		14510	71
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	53383	24644	32711	18696	20503	30611	1041293	95
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & CAN		324					9388	96
98	PHYSICIANS' PRIVATE OFFICES							16535	98
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	TOTAL	53383	24968	32711	18696	20503	30611	1067216	103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION		TOTAL	
		27	
GENERAL SERVICE COST CENTERS			
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY		17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES A		22
23	I&R SERVICES-OTHER PRGM COSTS A		23
24	PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS			
25	ADULTS & PEDIATRICS	340931	25
33	NURSERY	26651	33
ANCILLARY SERVICE COST CENTERS			
37	OPERATING ROOM	138316	37
39	DELIVERY ROOM & LABOR ROOM	97701	39
40	ANESTHESIOLOGY	2576	40
41	RADIOLOGY-DIAGNOSTIC	66879	41
44	LABORATORY	60461	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO		46.30
49	RESPIRATORY THERAPY	27777	49
50	PHYSICAL THERAPY	25644	50
55	MEDICAL SUPPLIES CHARGED TO PAT	10120	55
56	DRUGS CHARGED TO PATIENTS	25157	56
OUTPATIENT SERVICE COST CENTERS			
60	CLINIC	111012	60
61	EMERGENCY	93558	61
62	OBSERVATION BEDS (NON-DISTINCT		62
63.50	RHC		63.50
63.60	FQHC		63.60
OTHER REIMBURSABLE COST CENTERS			
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY	14510	71
SPECIAL PURPOSE COST CENTERS			
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	1041293	95
NONREIMBURSABLE COST CENTERS			
96	GIFT, FLOWER, COFFEE SHOP & CAN	9388	96
98	PHYSICIANS' PRIVATE OFFICES	16535	98
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	TOTAL	1067216	103

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WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP RE L COSTS-BL DG & FIXT SQ FEET	OLD CAP RE L COSTS-MV BLE EQUIP SQ FEET	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP SQ FEET	EMPLOYEE B ENEFITS GROSS SALARIES	RECON- CILIATION	ADMINISTRA TIVE & GEN ERAL ACCUM COST
		1	2	3	4	5	6A	6
1	GENERAL SERVICE COST CENTERS							
2	OLD CAP REL COSTS-BLDG & FIXT	145956						1
3	OLD CAP REL COSTS-MVBLE EQUIP		145956					2
4	NEW CAP REL COSTS-BLDG & FIXT			145956				3
5	NEW CAP REL COSTS-MVBLE EQUIP				145956			4
6	EMPLOYEE BENEFITS					15201124		5
7	ADMINISTRATIVE & GENERAL	40548	40548	40548	40548	3222192	-8442429	23222440
8	MAINTENANCE & REPAIRS	18361	18361	18361	18361	368760		805426
9	OPERATION OF PLANT							
10	LAUNDRY & LINEN SERVICE	1049	1049	1049	1049			29253
11	HOUSEKEEPING	3660	3660	3660	3660	438640		768464
12	DIETARY	5545	5545	5545	5545	121799		284472
13	CAFETERIA	2296	2296	2296	2296	238406		342125
14	MAINTENANCE OF PERSONNEL							
15	NURSING ADMINISTRATION	1809	1809	1809	1809	887369		1127442
16	CENTRAL SERVICES & SUPPLY	1754	1754	1754	1754	82598		140903
17	PHARMACY	1265	1265	1265	1265	425711		622799
18	MEDICAL RECORDS & LIBRARY	2389	2389	2389	2389	364466		596678
19	SOCIAL SERVICE							
20	NONPHYSICIAN ANESTHETISTS							
21	NURSING SCHOOL							
22	I&R SERVICES-SALARY & FRINGES							
23	I&R SERVICES-OTHER PRGM COSTS							
24	PARAMED ED PRGM-(SPECIFY)							
25	INPATIENT ROUTINE SERV COST CENTERS							
33	ADULTS & PEDIATRICS	17661	17661	17661	17661	2968797		5107772
	NURSERY	1441	1441	1441	1441	560777		760276
37	ANCILLARY SERVICE COST CENTERS							
39	OPERATING ROOM	12022	12022	12022	12022	650544		1208322
40	DELIVERY ROOM & LABOR ROOM	7895	7895	7895	7895	853350		1204365
41	ANESTHESIOLOGY	113	113	113	113			38543
44	RADIOLOGY-DIAGNOSTIC	4268	4268	4268	4268	836368		1642232
46.30	LABORATORY	3173	3173	3173	3173	560192		2082829
49	BLOOD CLOTTING FACTORS ADMIN							44.30
50	RESPIRATORY THERAPY	1574	1574	1574	1574	408072		657154
55	PHYSICAL THERAPY	2090	2090	2090	2090	19017		354549
56	MEDICAL SUPPLIES CHARGED TO P							328672
60	DRUGS CHARGED TO PATIENTS							718028
61	OUTPATIENT SERVICE COST CENTERS							
62	CLINIC	9918	9918	9918	9918	225409		1019918
63.50	EMERGENCY	4581	4581	4581	4581	1107092		2137093
63.60	OBSERVATION BEDS (NON-DISTINC							
69.10	RHC							63.50
69.20	FQHC							63.60
69.30	OTHER REIMBURSABLE COST CENTERS							
69.40	CMHC							69.10
71	OUTPATIENT PHYSICAL THERAPY							69.20
85.01	OUTPATIENT OCCUPATIONAL THERA							69.30
85.02	OUTPATIENT SPEECH PATHOLOGY							69.40
85.03	HOME HEALTH AGENCY					821127		71
95	SPECIAL PURPOSE COST CENTERS							
96	PANCREAS ACQUISITION							85.01
98	INTESTINAL ACQUISITION							85.02
101	ISLET CELL ACQUISITION							85.03
102	SUBTOTALS	143412	143412	143412	143412	15160686	-8442429	23094895
103	NONREIMBURSABLE COST CENTERS							
104	GIFT, FLOWER, COFFEE SHOP & C	828	828	828	828	40438		113117
106	PHYSICIANS' PRIVATE OFFICES	1716	1716	1716	1716			14428
107	CROSS FOOT ADJUSTMENTS							
108	NEGATIVE COST CENTER							
109	COST TO BE ALLOC PER B PT I	78423	5835	200448	866768	2487578		8442429
110	UNIT COST MULT-WS B PT I		.039978		5.938557			104
111	UNIT COST MULT-WS B PT I			1.373345		.163644		.363546
112	COST TO BE ALLOC PER B PT II	.537306						23404
113	UNIT COST MULT-WS B PT II							
114	UNIT COST MULT-WS B PT II							
115	COST TO BE ALLOC PER B PT III							.001008
116	UNIT COST MULT-WS B PT III							296483
117	UNIT COST MULT-WS B PT III							
118	UNIT COST MULT-WS B PT III							.012767

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SE PHARMACY
		SQ FEET	POUNDS OF LAUNDRY	HOURS OF SERVICE	MEALS SERVED	MEALS SERVED	HOURS OF SERVICE	COSTED REQUIS	COSTED REQUIS
		7	9	10	11	12	14	15	16
GENERAL SERVICE COST CENTERS									
1	OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT								3
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS								5
6	ADMINISTRATIVE & GENERAL								6
7	MAINTENANCE & REPAIRS	87047							7
8	OPERATION OF PLANT								8
9	LAUNDRY & LINEN SERVICE	1049	242980						9
10	HOUSEKEEPING	3660		39825					10
11	DIETARY	5545			25104				11
12	CAFETERIA	2296				29733			12
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION	1809		356		2030	275030		14
15	CENTRAL SERVICES & SUPPLY	1754		178		1154		1037268	15
16	PHARMACY	1265		178		1154		2378	16
17	MEDICAL RECORDS & LIBRARY	2389		178		1624		159	17
18	SOCIAL SERVICE								18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES								22
23	I&R SERVICES-OTHER PRGM COSTS								23
24	PARAMED ED PRGM-(SPECIFY)								24
INPATIENT ROUTINE SERV COST CENTERS									
25	ADULTS & PEDIATRICS	17661	70137	8746	25104	5642	140137	193300	11094
33	NURSERY	1441	4502			1090	16053	38991	41
ANCILLARY SERVICE COST CENTERS									
37	OPERATING ROOM	12022	45088	4373		2244	25116	193318	4046
39	DELIVERY ROOM & LABOR ROOM	7895	15543	4195		1860	31799	53616	1419
40	ANESTHESIOLOGY	113		178		706		15324	244
41	RADIOLOGY-DIAGNOSTIC	4268	35068	2108		1603		12464	56468
44	LABORATORY	3173	15029	2108		2586		9882	4458
46.30	BLOOD CLOTTING FACTORS ADMIN								46.30
49	RESPIRATORY THERAPY	1574	20039	2673		856		46234	990
50	PHYSICAL THERAPY	2090	10020	891		1154		1977	43
55	MEDICAL SUPPLIES CHARGED TO P							328672	55
56	DRUGS CHARGED TO PATIENTS								379589
OUTPATIENT SERVICE COST CENTERS									
60	CLINIC	9918		2464		4724	16831	7277	6258
61	EMERGENCY	4581	27554	10130		920	45094	126812	19257
62	OBSERVATION BEDS (NON-DISTINC								62
63.50	RHC								63.50
63.60	FQHC								63.60
OTHER REIMBURSABLE COST CENTERS									
69.10	CMHC								69.10
69.20	OUTPATIENT PHYSICAL THERAPY								69.20
69.30	OUTPATIENT OCCUPATIONAL THERA								69.30
69.40	OUTPATIENT SPEECH PATHOLOGY								69.40
71	HOME HEALTH AGENCY							6862	2809
SPECIAL PURPOSE COST CENTERS									
85.01	PANCREAS ACQUISITION								85.01
85.02	INTESTINAL ACQUISITION								85.02
85.03	ISLET CELL ACQUISITION								85.03
95	SUBTOTALS	84503	242980	38756	25104	29347	275030	1037266	486716
NONREIMBURSABLE COST CENTERS									
96	GIFT, FLOWER, COFFEE SHOP & C	828		178		386		2	96
98	PHYSICIANS' PRIVATE OFFICES	1716		891					98
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1098235	53123	1094013	457850	495471	1603750	238377	889841
104	UNIT COST MULT-WS B PT I	12.616575		27.470508		16.664010		.229812	104
104	UNIT COST MULT-WS B PT I		.218631		18.238129		5.831182		1.828255
105	COST TO BE ALLOC PER B PT II	11411	773	3368	4215	1972	2582	1476	1620
106	UNIT COST MULT-WS B PT II	.131090		.084570		.066324		.001423	106
106	UNIT COST MULT-WS B PT II		.003181		.167902		.009388		.003328
107	COST TO BE ALLOC PER B PT III	144537	9786	42649	53383	24968	32711	18696	20503
108	UNIT COST MULT-WS B PT III	1.660448		1.070910		.839740		.018024	108
108	UNIT COST MULT-WS B PT III		.040275		2.126474		.118936		.042125

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

VERSION: 2009.01
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION		MEDICAL RE CORDS & LI BRARY TIME SPENT	
		17	
	GENERAL SERVICE COST CENTERS		
1	OLD CAP REL COSTS-BLDG & FIXT		1
2	OLD CAP REL COSTS-MVBLE EQUIP		2
3	NEW CAP REL COSTS-BLDG & FIXT		3
4	NEW CAP REL COSTS-MVBLE EQUIP		4
5	EMPLOYEE BENEFITS		5
6	ADMINISTRATIVE & GENERAL		6
7	MAINTENANCE & REPAIRS		7
8	OPERATION OF PLANT		8
9	LAUNDRY & LINEN SERVICE		9
10	HOUSEKEEPING		10
11	DIETARY		11
12	CAFETERIA		12
13	MAINTENANCE OF PERSONNEL		13
14	NURSING ADMINISTRATION		14
15	CENTRAL SERVICES & SUPPLY		15
16	PHARMACY		16
17	MEDICAL RECORDS & LIBRARY	25035	17
18	SOCIAL SERVICE		18
20	NONPHYSICIAN ANESTHETISTS		20
21	NURSING SCHOOL		21
22	I&R SERVICES-SALARY & FRINGES		22
23	I&R SERVICES-OTHER PRGM COSTS		23
24	PARAMED ED PRGM-(SPECIFY)		24
	INPATIENT ROUTINE SERV COST CENTERS		
25	ADULTS & PEDIATRICS	21530	25
33	NURSERY	250	33
	ANCILLARY SERVICE COST CENTERS		
37	OPERATING ROOM		37
39	DELIVERY ROOM & LABOR ROOM		39
40	ANESTHESIOLOGY		40
41	RADIOLOGY-DIAGNOSTIC		41
44	LABORATORY		44
46.30	BLOOD CLOTTING FACTORS ADMIN		46.30
49	RESPIRATORY THERAPY		49
50	PHYSICAL THERAPY		50
55	MEDICAL SUPPLIES CHARGED TO P		55
56	DRUGS CHARGED TO PATIENTS		56
	OUTPATIENT SERVICE COST CENTERS		
60	CLINIC		60
61	EMERGENCY	3255	61
62	OBSERVATION BEDS (NON-DISTINC		62
63.50	RHC		63.50
63.60	FQHC		63.60
	OTHER REIMBURSABLE COST CENTERS		
69.10	CMHC		69.10
69.20	OUTPATIENT PHYSICAL THERAPY		69.20
69.30	OUTPATIENT OCCUPATIONAL THERA		69.30
69.40	OUTPATIENT SPEECH PATHOLOGY		69.40
71	HOME HEALTH AGENCY		71
	SPECIAL PURPOSE COST CENTERS		
85.01	PANCREAS ACQUISITION		85.01
85.02	INTESTINAL ACQUISITION		85.02
85.03	ISLET CELL ACQUISITION		85.03
95	SUBTOTALS	25035	95
	NONREIMBURSABLE COST CENTERS		
96	GIFT, FLOWER, COFFEE SHOP & C		96
98	PHYSICIANS' PRIVATE OFFICES		98
101	CROSS FOOT ADJUSTMENTS		101
102	NEGATIVE COST CENTER		102
103	COST TO BE ALLOC PER B PT I	875728	103
104	UNIT COST MULT-WS B PT I	34.980148	104
104	UNIT COST MULT-WS B PT I		104
105	COST TO BE ALLOC PER B PT II	2417	105
106	UNIT COST MULT-WS B PT II	.096545	106
106	UNIT COST MULT-WS B PT II		106
107	COST TO BE ALLOC PER B PT III	30611	107
108	UNIT COST MULT-WS B PT III	1.222728	108
108	UNIT COST MULT-WS B PT III		108

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (5/1999)

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	9629961		9629961		9629961	25
33 NURSERY	1185388		1185388		1185388	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	2164940		2164940		2164940	37
39 DELIVERY ROOM & LABOR ROOM	2091789		2091789		2091789	39
40 ANESTHESIOLOGY	74604		74604		74604	40
41 RADIOLOGY-DIAGNOSTIC	2491496		2491496		2491496	41
44 LABORATORY	2994773		2994773		2994773	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	1020427		1020427		1020427	49
50 PHYSICAL THERAPY	556243		556243		556243	50
55 MEDICAL SUPPLIES CHARGED TO	523692		523692		523692	55
56 DRUGS CHARGED TO PATIENTS	1673049		1673049		1673049	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1773502		1773502		1773502	60
61 EMERGENCY	3712612		3712612		3712612	61
62 OBSERVATION BEDS (NON-DISTI	448662		448662		448662	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
101 SUBTOTAL	30341138		30341138		30341138	101
102 LESS OBSERVATION BEDS	448662		448662		448662	102
103 TOTAL	29892476		29892476		29892476	103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (5/1999)

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION		CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	7760845		7760845			25
33	NURSERY	1016375		1016375			33
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1782554	2460281	4242835	.510258	.510258	.510258 37
39	DELIVERY ROOM & LABOR ROOM	1761348	426101	2187449	.956269	.956269	.956269 39
40	ANESTHESIOLOGY	395850	447626	843476	.088448	.088448	.088448 40
41	RADIOLOGY-DIAGNOSTIC	1575310	6385931	7961241	.312953	.312953	.312953 41
44	LABORATORY	4313545	7551661	11865206	.252400	.252400	.252400 44
46.30	BLOOD CLOTTING FACTORS ADMI						46.30
49	RESPIRATORY THERAPY	2629927	1580720	4210647	.242344	.242344	.242344 49
50	PHYSICAL THERAPY	125261	1075087	1200348	.463401	.463401	.463401 50
55	MEDICAL SUPPLIES CHARGED TO	641477	333666	975143	.537041	.537041	.537041 55
56	DRUGS CHARGED TO PATIENTS	4198922	4641758	8840680	.189244	.189244	.189244 56
OUTPATIENT SERVICE COST CENTERS							
60	CLINIC		2881459	2881459	.615488	.615488	.615488 60
61	EMERGENCY	1140936	6468045	7608981	.487925	.487925	.487925 61
62	OBSERVATION BEDS (NON-DISTI	15720	291995	307715	1.458044	1.458044	1.458044 62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
101	SUBTOTAL	27358070	34544330	61902400			101
102	LESS OBSERVATION BEDS						102
103	TOTAL	27358070	34544330	61902400			103

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

		OLD CAPITAL		NEW CAPITAL			
		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
COST CENTER DESCRIPTION							
25	INPAT ROUTINE SERV COST CTRS	26911		26911	340931		340931
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I	2103		2103	26651		26651
101	NURSERY	29014		29014	367582		367582
	TOTAL						

		OLD CAPITAL		NEW CAPITAL			
		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
COST CENTER DESCRIPTION							
25	INPAT ROUTINE SERV COST CTRS	10045	2387	2.68	6397	33.94	81015
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I	1191		1.77		22.38	
101	NURSERY	11236	2387		6397		81015
	TOTAL						

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.01
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0077) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT	----	OLD CAPITAL	----	NEW CAPITAL	----
	CAPITAL RELATED COST 1	CAPITAL RELATED COST 2			CHARGES 3	PROGRAM CHARGES 4	RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	RATIO OF COST TO CHARGES 7
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	10920	138316	4242835	110363	.002574	284	.032600	3598	37
39 DELIVERY ROOM & LABOR ROOM	7714	97701	2187449	5860	.003526	21	.044664	262	39
40 ANESTHESIOLOGY	205	2576	843476	33926	.000243	8	.003054	104	40
41 RADIOLOGY-DIAGNOSTIC	5280	66879	7961241	478340	.000663	317	.008401	4019	41
44 LABORATORY	4774	60461	11865206	1221596	.000402	491	.005096	6225	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	2193	27777	4210647	854926	.000521	445	.006597	5640	49
50 PHYSICAL THERAPY	2025	25644	1200348	48531	.001687	82	.021364	1037	50
55 MEDICAL SUPPLIES CHARGED TO P	800	10120	975143	293073	.000820	240	.010378	3042	55
56 DRUGS CHARGED TO PATIENTS	1988	25157	8840680	1433663	.000225	323	.002846	4080	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	8764	111012	2881459		.003042		.038526		60
61 EMERGENCY	7387	93558	7608981	184197	.000971	179	.012296	2265	61
62 OBSERVATION BEDS (NON-DISTINC	1254	15884	307715	15720	.004075	64	.051619	811	62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
101 TOTAL	53304	675085	53125180	4680195		2454		31083	101

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 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
25	INPAT ROUTINE SERV COST CTRS					10045		2387	25
26	ADULTS & PEDIATRICS								26
27	INTENSIVE CARE UNIT								27
28	CORONARY CARE UNIT								28
29	BURN INTENSIVE CARE UNIT								29
30	SURGICAL INTENSIVE CARE UNIT								30
31	OTHER SPECIAL CARE (SPECIFY)								31
32	SUBPROVIDER I								32
33	NURSERY					1191			33
34	SKILLED NURSING FACILITY								34
35	NURSING FACILITY								35
101	TOTAL					11236		2387	101

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0077)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST	MEDICAL EDUCATION COST				
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
101 TOTAL							101

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0077)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		4242835			110363		224143	37
39 DELIVERY ROOM & LABOR ROOM		2187449			5860			39
40 ANESTHESIOLOGY		843476			33926		57916	40
41 RADIOLOGY-DIAGNOSTIC		7961241			478340		835109	41
44 LABORATORY		11865206			1221596		54082	44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		4210647			854926		329522	49
50 PHYSICAL THERAPY		1200348			48531			50
55 MEDICAL SUPPLIES CHARGED TO P		975143			293073		135940	55
56 DRUGS CHARGED TO PATIENTS		8840680			1433663		831121	56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2881459					3039	60
61 EMERGENCY		7608981			184197		346398	61
62 OBSERVATION BEDS (NON-DISTINC		307715			15720		48240	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
101 TOTAL		53125180			4680195		2865510	101

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0077)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						37
37 OPERATING ROOM						39
39 DELIVERY ROOM & LABOR ROOM						40
40 ANESTHESIOLOGY						41
41 RADIOLOGY-DIAGNOSTIC						44
44 LABORATORY						46.30
46.30 BLOOD CLOTTING FACTORS ADMIN						49
49 RESPIRATORY THERAPY						50
50 PHYSICAL THERAPY						55
55 MEDICAL SUPPLIES CHARGED TO P						56
56 DRUGS CHARGED TO PATIENTS						
OUTPATIENT SERVICE COST CENTERS						60
60 CLINIC						61
61 EMERGENCY						62
62 OBSERVATION BEDS (NON-DISTINC						63.50
63.50 RHC						63.60
63.60 FQHC						
OTHER REIMBURSABLE COST CENTERS						101
101 TOTAL						

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0077)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES			
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER	
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT	
	1	1.01	1.02	CENTER	3	DIAGNOSTIC	4
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	.510258	.510258	.510258				37
39 DELIVERY ROOM & LABOR ROOM	.956269	.956269	.956269				39
40 ANESTHESIOLOGY	.088448	.088448	.088448				40
41 RADIOLOGY-DIAGNOSTIC	.312953	.312953	.312953				41
44 LABORATORY	.252400	.252400	.252400				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY	.242344	.242344	.242344				49
50 PHYSICAL THERAPY	.463401	.463401	.463401				50
55 MEDICAL SUPPLIES CHARGED TO PAT	.537041	.537041	.537041				55
56 DRUGS CHARGED TO PATIENTS	.189244	.189244	.189244				56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC	.615488	.615488	.615488				60
61 EMERGENCY	.487925	.487925	.487925				61
62 OBSERVATION BEDS (NON-DISTINCT	1.458044	1.458044	1.458044				62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL							101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES							104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.189244	1
2	PROGRAM VACCINE CHARGES		2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS		3
3.01	PROGRAM COSTS		3.01

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0077)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1)	PPS SER-VICES	ALL OTHER	PPS SER-VICES	PPS SER-VICES	OUTPATIENT AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	(SEE INSTRU.) 5	(SEE INSTRU.) 5.01	(SEE INSTRU.) 5.02	(SEE INSTRU.) 5.03	(SEE INSTRU.) 5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		224143						37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY		57916						40
41 RADIOLOGY-DIAGNOSTIC		835109						41
44 LABORATORY		54082						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		329522						49
50 PHYSICAL THERAPY								50
55 MEDICAL SUPPLIES CHARGED TO PA		135940						55
56 DRUGS CHARGED TO PATIENTS		831121						56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		3039						60
61 EMERGENCY		346398						61
62 OBSERVATION BEDS (NON-DISTINCT		48240						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		2865510						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		2865510						104

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0077)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER	PPS SERVICES	ALL OTHER	PPS SERVICES	PPS SERVICES	I/P PART B	I/P PART B
	(COLS 1x5)	(COLUMNS 1.01x5.01)	(COLUMNS 1.01x5.02)	(COLUMNS 1.01x5.03)	(COLUMNS 1.01x5.04)	CHARGES (SEE INSTRU.)	COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		114371					37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY		5123					40
41 RADIOLOGY-DIAGNOSTIC		261350					41
44 LABORATORY		13650					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
49 RESPIRATORY THERAPY		79858					49
50 PHYSICAL THERAPY							50
55 MEDICAL SUPPLIES CHARGED TO PAT		73005					55
56 DRUGS CHARGED TO PATIENTS		157285					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		1870					60
61 EMERGENCY		169016					61
62 OBSERVATION BEDS (NON-DISTINCT		70336					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		945864					101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		945864					104

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	10045						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	10045						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10045						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2387						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART I (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	9629961						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	9629961						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7775240						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7775240						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.238542						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	774.04						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	9629961						37

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	958.68					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2288369					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2288369					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
44 CORONARY CARE UNIT						44
45 BURN INTENSIVE CARE UNIT						45
46 SURGICAL INTENSIVE CARE UNIT						46
47 OTHER SPECIAL CARE (SPECIFY)						47
	HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	1294121					48
49 TOTAL PROGRAM INPATIENT COSTS	3582490					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	87412					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	33537					51
52 TOTAL PROGRAM EXCLUDABLE COST	120949					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	3461541					53

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PART II (CONT)

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
	TARGET AMOUNT AND LIMITATION COMPUTATION					
54	PROGRAM DISCHARGES					54
55	TARGET AMOUNT PER DISCHARGE					55
56	TARGET AMOUNT					56
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58	BONUS PAYMENT					58
58.01	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02	LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04	RELIEF PAYMENT					58.04
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03	PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05	REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06	REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07	REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST					
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

SNF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	67
68 PROGRAM ROUTINE SERVICE COST	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	71
72 PER DIEM CAPITAL RELATED COSTS	72
73 PROGRAM CAPITAL RELATED COSTS	73
74 INPATIENT ROUTINE SERVICE COST	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	77
78 INPATIENT ROUTINE SERVICE COST LIMITATION	78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION	81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	82

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

HOSPITAL (PPS) (14-0077)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	468	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	958.68	84
85 OBSERVATION BED COST	448662	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
ROUTINE
COST
COST
1
(FROM LINE 27)
2

COLUMN 1
DIVIDED BY
COLUMN 2
3

TOTAL
OBSERVATION
BED COST
(FROM LINE 85)
4
OBSERVATION BED
PASS-THROUGH COST
COL 3 TIMES COL 4
5

86 OLD CAPITAL-RELATED COST	26911	9629961	.002795	448662	1254	86
87 NEW CAPITAL-RELATED COST	340931	9629961	.035403	448662	15884	87
88 NON PHYSICIAN ANESTHETIST		9629961		448662		88
89 MEDICAL EDUCATION		9629961		448662		89

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WORKSHEET D-4

INPATIENT ANCILLARY COST APPORTIONMENT

[] TITLE V	[XX] HOSPITAL (14-0077)	[] SNF	[XX] PPS
[XX] TITLE XVIII-PT A	[] SUB I	[] NF	[] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
25 INPATIENT ROUTINE SERVICE COST CENTERS		2175230		25
ADULTS & PEDIATRICS				
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.510258	110363	56314	37
39 DELIVERY ROOM & LABOR ROOM	.956269	5860	5604	39
40 ANESTHESIOLOGY	.088448	33926	3001	40
41 RADIOLOGY-DIAGNOSTIC	.312953	478340	149698	41
44 LABORATORY	.252400	1221596	308331	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.242344	854926	207186	49
50 PHYSICAL THERAPY	.463401	48531	22489	50
55 MEDICAL SUPPLIES CHARGED TO PAT	.537041	293073	157392	55
56 DRUGS CHARGED TO PATIENTS	.189244	1433663	271312	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	.615488			60
61 EMERGENCY	.487925	184197	89874	61
62 OBSERVATION BEDS (NON-DISTINCT	1.458044	15720	22920	62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
101 TOTAL		4680195	1294121	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		4680195		103

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	1804664					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	601555					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS						1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 STIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997	116977					2.01
INDIRECT MEDICAL EDUCATION ADJUSTMENT						
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	103.72					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.16
		RES. IN INIT YRS				
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

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WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.20						
OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19						
3.21						3.21
3.22						3.22
3.23						3.23
IME PAYMENTS FOR DSCGS OCCURRING PRIOR TO OCTOBER 1						
IME PAYMENTS FOR DSCGS AFTER SEP 30 BUT BEFORE JAN 1						
IME PAYMENTS FOR DSCGS OCCURRING ON OR AFTER JANUARY 1						
[SUM OF LINES][PLUS E-3,PT.VI]						
[3.21-3.23][LINE 23]						
3.24						3.24
SUM OF LINES 3.21-3.23						
DISPROPORTIONATE SHARE ADJUSTMENT						
4	0.1980					4
PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE						
PART A PATIENT DAYS						
4.01	0.5001					4.01
PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS						
4.02	0.6981					4.02
SUM OF 4 AND 4.01						
4.03	0.4681					4.03
ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE						
4.04	1126351					4.04
DISPROPORTIONATE SHARE ADJUSTMENT						
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD						
BENEFICIARY DISCHARGES						
5						5
TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING						
DISCHARGES FOR DRGs 302, 316 AND 317						
5.01						5.01
TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302,						
316 AND 317						
5.02						5.02
DIVIDE LINE 5.01 BY LINE 5						
5.03						5.03
TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs						
302, 316 AND 317						
5.04						5.04
RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK						
5.05						5.05
AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS						
5.06						5.06
TOTAL ADDITIONAL PAYMENT						
6	3649547					6
SUBTOTAL						
7						7
HOSPITAL SPECIFIC PAYMENTS						
7.01						7.01
HOSPITAL SPECIFIC PAYMENTS (1996 HSR)						
8	3649547					8
TOTAL PAYMENT FOR INPATIENT OPERATING COSTS						
9	235857					9
PAYMENT FOR INPATIENT PROGRAM CAPITAL						
10						10
EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL						
11						11
DIRECT GRADUATE MEDICAL EDUCATION PAYMENT						
11.01						11.01
NURSING AND ALLIED HEALTH MANAGED CARE						
11.02						11.02
ADD-ON PAYMENT FOR NEW TECHNOLOGIES						
12						12
NET ORGAN ACQUISITION COST						
13						13
COST OF TEACHING PHYSICIANS						
14						14
ROUTINE SERVICE OTHER PASS THROUGH COSTS						
15						15
ANCILLARY SERVICE OTHER PASS THROUGH COSTS						
16	3885404					16
TOTAL						
17						17
PRIMARY PAYER PAYMENTS						
18	3885404					18
TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES						
19	312132					19
DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES						
20	11299					20
COINSURANCE BILLED TO PROGRAM BENEFICIARIES						
21	179169					21
REIMBURSABLE BAD DEBTS						
21.01	125418					21.01
REDUCED PROGRAM REIMBURSABLE BAD DEBTS						
21.02						21.02
REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES						
22	3687391					22
SUBTOTAL						

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WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0077)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	3687391				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	3989761				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-302370				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					30
	TO BE COMPLETED BY INTERMEDIARY					
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0077) 1	HOSPITAL (14-0077) 1.01	HOSPITAL (14-0077) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	945864			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	704579			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.833			1.03
1.04 LINE 1.01 TIMES LINE 1.03	787905			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	89.42			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	704579			17.01

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0077) 1	HOSPITAL (14-0077) 1.01	HOSPITAL (14-0077) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			18
18 DEDUCTIBLES AND COINSURANCE			18.01
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	199788		
19 SUBTOTAL	504791		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	504791		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	504791		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			26
26 COMPOSITE RATE ESRD			27
27 BAD DEBTS	82598		27.01
27.01 REDUCED REIMBURSABLE BAD DEBTS	57819		27.02
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			
28 SUBTOTAL	562610		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	562610		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	504791		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	57819		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

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WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0077)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

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WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0077)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

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WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0077)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

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WORKSHEET E-1

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
HOSPITAL (14-0077)

DESCRIPTION	INPATIENT		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3844258		504791	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 08/08/2008 79982				3.01
	TO .02 11/14/2008 65521				3.02
	PROVIDER .03			NONE	3.03
	TO .04				3.04
	PROVIDER .05				3.05
	TO .50				3.50
	PROVIDER .51				3.51
	TO .52	NONE		NONE	3.52
	PROGRAM .53				3.53
	TO .54				3.54
SUBTOTAL	.99	145503			3.99
4 TOTAL INTERIM PAYMENTS		3989761		504791	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01				5.01
	TO .02	NONE		NONE	5.02
	PROVIDER .03				5.03
	TO .50				5.50
	PROVIDER .51	NONE		NONE	5.51
	TO .52				5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01			57819	6.01
	PROVIDER TO .02	-302370			6.02
	PROGRAM				
7 TOTAL MEDICARE PROGRAM LIABILITY		3687391		562610	7

NAME OF INTERMEDIARY:

INTERMEDIARY NUMBER:

SIGNATURE OF AUTHORIZED PERSON:

DATE (MO/DAY/YR):

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BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				1
2	CASH ON HAND AND IN BANKS	2163157			2
3	TEMPORARY INVESTMENTS				3
4	NOTES RECEIVABLE				4
5	ACCOUNTS RECEIVABLE	8487919			5
6	OTHER RECEIVABLES	5733673			
7	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3505544			6
8	INVENTORY				7
9	PREPAID EXPENSES				8
10	OTHER CURRENT ASSETS	3531172			9
11	DUE FROM OTHER FUNDS				10
	TOTAL CURRENT ASSETS	16410377			11
12	FIXED ASSETS				12
13	LAND	1696221			12.01
13.01	ACCUMULATED DEPRECIATION				13
14	LAND IMPROVEMENTS	566951			13.01
14.01	ACCUMULATED DEPRECIATION	-494648			14
15	BUILDINGS	14861417			14.01
15.01	ACCUMULATED DEPRECIATION	-9899651			15
16	LEASEHOLD IMPROVEMENTS				15.01
16.01	ACCUMULATED AMORTIZATION				16
17	FIXED EQUIPMENT				16.01
17.01	ACCUMULATED DEPRECIATION				17
18	AUTOMOBILES AND TRUCKS				17.01
18.01	ACCUMULATED DEPRECIATION	11786329			18
19	MAJOR MOVABLE EQUIPMENT	-9026786			18.01
19.01	ACCUMULATED DEPRECIATION				19
20	MINOR EQUIPMENT DEPRECIABLE				19.01
21	MINOR EQUIPMENT-NONDEPRECIABLE				20
	TOTAL FIXED ASSETS	9489833			21
22	OTHER ASSETS				22
23	INVESTMENTS				23
24	DEPOSITS ON LEASES				24
25	DUE FROM OWNERS/OFFICERS				25
26	OTHER ASSETS	2749210			26
	TOTAL OTHER ASSETS	2749210			
27	TOTAL ASSETS	28649420			27
LIABILITIES AND FUND BALANCES		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
28	CURRENT LIABILITIES				28
29	ACCOUNTS PAYABLE	1541272			29
30	SALARIES, WAGES & FEES PAYABLE	949641			30
31	PAYROLL TAXES PAYABLE				31
32	NOTES & LOANS PAYABLE (SHORT TERM)	2314862			32
33	DEFERRED INCOME	2000956			33
34	ACCELERATED PAYMENTS				34
35	DUE TO OTHER FUNDS				35
36	OTHER CURRENT LIABILITIES	1552915			36
	TOTAL CURRENT LIABILITIES	8359646			
37	LONG-TERM LIABILITIES				37
38	MORTGAGE PAYABLE	684837			38
39	NOTES PAYABLE				39
40	UNSECURED LOANS				40
41	LOANS FROM OWNERS .01 PRIOR TO 7/1/66				
42	.02 ON OR AFTER 7/1/66				41
43	OTHER LONG TERM LIABILITIES	3315690			42
	TOTAL LONG TERM LIABILITIES	4000527			43
	TOTAL LIABILITIES	12360173			
44	CAPITAL ACCOUNTS				44
45	GENERAL FUND BALANCE	16289247			45
46	SPECIFIC PURPOSE FUND BALANCE				46
47	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				47
48	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				48
49	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				49
50	PLANT FUND BALANCE - INVESTED IN PLANT				50
51	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
	TOTAL FUND BALANCES	16289247			51
52	TOTAL LIABILITIES AND FUND BALANCES	28649420			52

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WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	17191101			1
2 NET INCOME (LOSS)	-1134385			2
3 TOTAL	16056716			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 CHANGE IN VALUE OF BENEFICIAL INT	232531			5
6				6
7				7
8				8
9				9
10 TOTAL ADDITIONS	232531			10
11 SUBTOTAL	16289247			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13				13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS				18
19 FUND BALANCE AT END OF PERIOD	16289247			19
PER BALANCE SHEET				

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.01
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES	8792940		8792940	1
2 HOSPITAL				2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SKILLED NURSING FACILITY				6
7 NURSING FACILITY				7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	8792940		8792940	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT				11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)				15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	8792940		8792940	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES	18565130		18565130	17
18 ANCILLARY SERVICES				18
18.50 OUTPATIENT SERVICES		36069681	36069681	18.50
18.60 RHC				18.60
19 FQHC				19
20 HOME HEALTH AGENCY				20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
25 TOTAL PATIENT REVENUES	27358070	36069681	63427751	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		35980187	26
27 PROVISION FOR BAD DEBTS	3743025		27
28			28
29			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		3743025	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		39723212	40

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	63427751	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	25423928	2
3	NET PATIENT REVENUES	38003823	3
4	LESS - TOTAL OPERATING EXPENSES	39723212	4
5	NET INCOME FROM SERVICE TO PATIENTS	-1719389	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	26118	6
7	INCOME FROM INVESTMENTS	181438	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS	832	10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	147183	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	2154	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	43669	20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	957171	23
24	MISCELLANEOUS	139637	24
24.01	RELATED PARTY - SIHF & KHRH	23102	24.01
25	TOTAL OTHER INCOME	1521304	25
26	TOTAL	-198085	26
27	TRANSFER TO AFFILIATE	936300	27
28			28
29			29
30	TOTAL OTHER EXPENSES	936300	30
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1134385	31

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (05/2007)

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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7315

WORKSHEET H

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANS- PORTATION 3	CONTRACTED/ PURCH SVCS 4	OTHER COSTS 5	TOTAL HHA COST 6	
1 GENERAL SERVICE COST CENTER							1
2 CAPITAL RELATED-BLDG & FIXTURES							2
3 CAPITAL RELATED-MOVABLE EQUIPMENT							3
4 PLANT OPERATION & MAINTENANCE							4
5 TRANSPORTATION							5
ADMINISTRATIVE AND GENERAL	154541		13294		116966	284801	
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE	429644		20031			449675	6
7 PHYSICAL THERAPY	82738		3398			86136	7
8 OCCUPATIONAL THERAPY	31141		1293			32434	8
9 SPEECH PATHOLOGY	7367		240			7607	9
10 MEDICAL SOCIAL SERVICES	115697		6857			122554	10
11 HOME HEALTH AIDE							11
12 SUPPLIES							12
13 DRUGS							13
13.20 COST OF ADMINISTERING VACCINES							13.20
14 DME							14
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SERVICES							15
16 RESPIRATORY THERAPY							16
17 PRIVATE DUTY NURSING							17
18 CLINIC							18
19 HEALTH PROMOTION ACTIVITIES							19
20 DAY CARE PROGRAM							20
21 HOME DELIVERED MEALS PROGRAM							21
22 HOMEMAKER SERVICE							22
23 ALL OTHERS							23
23.50 TELEMEDICINE							23.50
24 TOTAL	821128		45113		116966	983207	24

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

HHA NO.: 14-7315

WORKSHEET H
 (CONTINUED)

RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
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1	GENERAL SERVICE COST CENTER			1
2	CAPITAL RELATED-BLDG & FIXTURES			2
3	CAPITAL RELATED-MOVABLE EQUIPMENT			3
4	PLANT OPERATION & MAINTENANCE			4
5	TRANSPORTATION			5
6	ADMINISTRATIVE AND GENERAL	284801		6
7	HHA REIMBURSABLE SERVICES		284801	7
8	SKILLED NURSING CARE	449675		8
9	PHYSICAL THERAPY	86136		9
10	OCCUPATIONAL THERAPY	32434		10
11	SPEECH PATHOLOGY	7607		11
12	MEDICAL SOCIAL SERVICES	122554		12
13	HOME HEALTH AIDE			13
14	SUPPLIES			14
15	DRUGS			15
16	COST OF ADMINISTERING VACCINES			16
17	DME			17
18	HHA NONREIMBURSABLE SERVICES			18
19	HOME DIALYSIS AIDE SERVICES			19
20	RESPIRATORY THERAPY			20
21	PRIVATE DUTY NURSING			21
22	CLINIC			22
23	HEALTH PROMOTION ACTIVITIES			23
24	DAY CARE PROGRAM			24
25	HOME DELIVERED MEALS PROGRAM			25
26	HOMEMAKER SERVICE			26
27	ALL OTHERS			27
28	TELEMEDICINE			28
29	TOTAL	983207	983207	29

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - HHA GENERAL SERVICE COST

HHA NO.: 14-7315

WORKSHEET H-4
 PART I

	NET EXPENSES FOR COST ALLOCATION 0	CAP REL BLDGS & FIXTURES 1	CAP REL MOVABLE EQUIPMENT 2	PLANT OPERATN & MAINT 3	TRANSPORT- ATION 4	SUBTOTAL 4A	ADMIN & GENERAL 5	TOTAL 6	
GENERAL SERVICE COST CENTER									1
1 CAPITAL RELATED-BLDG & FIXT									2
2 CAPITAL RELATED-MOVABLE EQUIP									3
3 PLANT OPERATION & MAINTENANCE									4
4 TRANSPORTATION									5
5 ADMINISTRATIVE AND GENERAL	284801					284801	284801		
HHA REIMBURSABLE SERVICES									
6 SKILLED NURSING CARE	449675					449675	183372	633047	6
7 PHYSICAL THERAPY	86136					86136	35125	121261	7
8 OCCUPATIONAL THERAPY	32434					32434	13226	45660	8
9 SPEECH PATHOLOGY	7607					7607	3102	10709	9
10 MEDICAL SOCIAL SERVICES	122554					122554	49976	172530	10
11 HOME HEALTH AIDE									11
12 SUPPLIES									12
13 DRUGS									13
13.20 COST OF ADMINISTERING VACCINES									13.20
14 DME									14
HHA NONREIMBURSABLE SERVICES									
15 HOME DIALYSIS AIDE SERVICES									15
16 RESPIRATORY THERAPY									16
17 PRIVATE DUTY NURSING									17
18 CLINIC									18
19 HEALTH PROMOTION ACTIVITIES									19
20 DAY CARE PROGRAM									20
21 HOME DELIVERED MEALS PROGRAM									21
22 HOMEMAKER SERVICE									22
23 ALL OTHERS									23
23.50 TELEMEDICINE									23.50
24 TOTAL	983207					983207		983207	24

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST ALLOCATION - HHA STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-4
 PART II

	CAP REL BLDGS & FIXTURES (SQUARE FEET) 1	CAP REL MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATN & MAINT (SQUARE FEET) 3	TRANSPORT- ATION (MILEAGE) 4	RECONCIL- IATION 5A	ADMIN & GENERAL (ACCUM COST) 5	
GENERAL SERVICE COST CENTER							1
1 CAPITAL RELATED-BLDG & FIXT							2
2 CAPITAL RELATED-MOVABLE EQUIP							3
3 PLANT OPERATION & MAINTENANCE							4
4 TRANSPORTATION							5
5 ADMINISTRATIVE AND GENERAL					-284801	698406	6
HHA REIMBURSABLE SERVICES							7
6 SKILLED NURSING CARE						449675	8
7 PHYSICAL THERAPY						86136	9
8 OCCUPATIONAL THERAPY						32434	10
9 SPEECH PATHOLOGY						7607	11
10 MEDICAL SOCIAL SERVICES						122554	12
11 HOME HEALTH AIDE							13
12 SUPPLIES							13.20
13 DRUGS							14
13.20 COST OF ADMINISTERING VACCINES							15
14 DME							16
HHA NONREIMBURSABLE SERVICES							17
15 HOME DIALYSIS AIDE SERVICES							18
16 RESPIRATORY THERAPY							19
17 PRIVATE DUTY NURSING							20
18 CLINIC							21
19 HEALTH PROMOTION ACTIVITIES							22
20 DAY CARE PROGRAM							23
21 HOME DELIVERED MEALS PROGRAM							23.50
22 HOMEMAKER SERVICE							24
23 ALL OTHERS							25
23.50 TELEMEDICINE					-284801	698406	26
24 TOTAL						284801	
25 COST TO BE ALLOC (PER W/S H)						.407787	
26 UNIT COST MULTIPLIER							

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHH NO.: 14-7315

WORKSHEET H-5
PART I

[illegible]

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
 PERIOD FROM 01/01/2008 TO 12/31/2008

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

HHA NO.: 14-7315

WORKSHEET H-5
 PART I

HHA COST CENTER	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29	
1 ADMINISTRATIVE AND GENERAL		41197		41197			1
2 SKILLED NURSING CARE		959058		959058	26529	985587	2
3 PHYSICAL THERAPY		183806		183806	5084	188890	3
4 OCCUPATIONAL THERAPY		69208		69208	1914	71122	4
5 SPEECH PATHOLOGY		16247		16247	449	16696	5
6 MEDICAL SOCIAL SERVICES		261069		261069	7221	268290	6
7 HOME HEALTH AIDE							7
8 SUPPLIES							8
9 DRUGS							9
9.20 COST OF ADMINISTERING VACC							9.20
10 DME							10
11 HOME DIALYSIS AIDE SERVICE							11
12 RESPIRATORY THERAPY							12
13 PRIVATE DUTY NURSING							13
14 CLINIC							14
15 HEALTH PROMOTION ACTIVITIE							15
16 DAY CARE PROGRAM							16
17 HOME DELIVERED MEALS PROGR							17
18 HOMEMAKER SERVICE							18
19 ALL OTHERS							19
19.50 TELEMEDICINE							19.50
20 TOTALS		1530585		1530585	41197	1530585	20
21 UNIT COST MULTIPLIER					.027660		21

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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
 STATISTICAL BASIS

HHA NO.: 14-7315

WORKSHEET H-5
 PART II

HHA COST CENTER	OLD CAP RE L COSTS-BL DG & FIXT SQ FEET	OLD CAP RE L COSTS-MV BLE EQUIP SQ FEET	NEW CAP RE L COSTS-BL DG & FIXT SQ FEET	NEW CAP RE L COSTS-MV BLE EQUIP SQ FEET	EMPLOYEE B ENEFITS GROSS SALARIES	RECON- CILATION 6A	ADMINISTRA TIVE & GEN ERAL ACCUM COST	MAINTENANC E & REPAIR S SQ FEET
	1	2	3	4	5		6	7
1 ADMINISTRATIVE AND GENERAL					154541		25290	1
2 SKILLED NURSING CARE					429644		703356	2
3 PHYSICAL THERAPY					82737		134800	3
4 OCCUPATIONAL THERAPY					31141		50756	4
5 SPEECH PATHOLOGY					7367		11915	5
6 MEDICAL SOCIAL SERVICES					115697		191463	6
7 HOME HEALTH AIDE								7
8 SUPPLIES								8
9 DRUGS								9
9.20 COST OF ADMINISTERING VACC								9.20
10 DME								10
11 HOME DIALYSIS AIDE SERVICE								11
12 RESPIRATORY THERAPY								12
13 PRIVATE DUTY NURSING								13
14 CLINIC								14
15 HEALTH PROMOTION ACTIVITIE								15
16 DAY CARE PROGRAM								16
17 HOME DELIVERED MEALS PROGR								17
18 HOMEMAKER SERVICE								18
19 ALL OTHERS								19
19.50 TELEMEDICINE								19.50
20 TOTALS					821127		1117580	20
21 TOTAL COST TO BE ALLOCATED					134373		406292	21
22 UNIT COST MULTIPLIER					.163645		.363546	22
22 UNIT COST MULTIPLIER								22

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS
STATISTICAL BASIS

WORKSHEET H-5
PART II

[illegible]

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (05/2007)

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7315

WORKSHEET H-6
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR
THE AGGREGATE OF THE PROGRAM LIMITATION

COST PER VISIT COMPUTATION		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	AVERAGE	
PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	VISITS	COST PER VISIT	
1	SKILLED NURSING CARE	2	985587	2	985587	4	137.59	1
2	PHYSICAL THERAPY	3	188890		188890	1894	99.73	2
3	OCCUPATIONAL THERAPY	4	71122		71122	664	107.11	3
4	SPEECH PATHOLOGY	5	16696		16696	106	157.51	4
5	MEDICAL SOCIAL SERV	6	268290		268290	37	7251.08	5
6	HOME HEALTH AIDE SERV	7						6
7	TOTAL		1530585		1530585	9864		7
LIMITATION COST COMPUTATION								
PATIENT SERVICES			MSA NO.				PROGRAM COST LIMITS	
			1	2	3	4	5	
8	SKILLED NURSING CARE							8
9	PHYSICAL THERAPY							9
10	OCCUPATIONAL THERAPY							10
11	SPEECH PATHOLOGY							11
12	MEDICAL SOCIAL SERV							12
13	HOME HEALTH AIDE SERV							13
14	TOTAL							14
SUPPLIES AND DRUGS COST COMPUTATIONS		FROM	FACILITY	SHARED	TOTAL HHA	TOTAL	RATIO	
OTHER PATIENT SERVICES		WKST H-5, PART I, COL 29, LINE	COSTS	ANCILLARY COSTS	COSTS	CHARGES		
15	COST OF MEDICAL SUPPLIES	8	1	2	3	4	5	15
16	COST OF DRUGS	9				103159		16
16.20	COST OF ADMINISTERING VACCINES	9.20						16.20
PER BENEFICIARY COST LIMITATION:						MSA NO. 1	AMOUNT 2	
17	PROGRAM UNDUPLICATED CENSUS FROM WORKSHEET S-4							17
18	PER BENEFICIARY COST LIMITATION							18
19	PER BENEFICIARY COST LIMITATION							19

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WORKSHEET H-6
PARTS I & II
(CONTINUED)

PART I - APPORTIONMENT OF HHA COST CENTERS: COMPUTATION OF THE LESSER OF AGGREGATE PROGRAM COST OR
THE AGGREGATE OF THE PROGRAM LIMITATION

[illegible]

OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF PATIENT SERVICE COSTS

HHA NO.: 14-7315

WORKSHEET H-6
PARTS II & III

CHECK APPLICABLE BOX: ☐ TITLE V ☒ TITLE XVIII ☐ TITLE XIX

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

		FROM WKST C, PART I, COL 9, LINE	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I 4	
1	PHYSICAL THERAPY	50	.463401			COL 2, LINE 2	1
2	OCCUPATIONAL THERAPY	51				COL 2, LINE 3	2
3	SPEECH PATHOLOGY	52				COL 2, LINE 4	3
4	MEDICAL SUPPLIES CHARGED TO PA	55	.537041			COL 2, LINE 15	4
5	DRUGS CHARGED TO PATIENTS	56	.189244			COL 2, LINE 16	5

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

			PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE					
			PROGRAM VISITS		PROGRAM COST		PROGRAM	
FROM PART I			PRIOR TO	FROM 1/1/98	PRIOR TO	FROM 1/1/98	VISITS ON OR	
COL. 5			1/1/98	THRU 12/31/98	1/1/98	THRU 12/31/98	AFTER 1/1/99	
			2.01	3	3.01	4	5	
1	PHYSICAL THERAPY	2						
2		99.73						
3	OCCUPATIONAL THERAPY	3						
4		107.11						
5	SPEECH PATHOLOGY	4						
6		157.51						
7	TOTAL							

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF HHA REMBURSEMENT SETTLEMENT

HHA NO.: 14-7315

WORKSHEET H-7
PARTS I & II

CHECK APPLICABLE BOX: [] TITLE V [XX] TITLE XVIII [] TITLE XIX

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

DESCRIPTION	PART A 1	PART B	
		NOT SUBJECT TO DEDUCTIBLES & COINSURANCE 2	SUBJECT TO DEDUCTIBLES & COINSURANCE 3
1 REASONABLE COST OF PROGRAM SERVICES			1
2 REASONABLE COST OF SERVICES			2
2 TOTAL CHARGES			
CUSTOMARY CHARGES			
3 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT			3
FOR SERVICES ON A CHARGE BASIS			
4 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			4
FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
5 RATIO OF LINE 3 TO LINE 4 (NOT TO EXCEED 1.000000)			5
6 TOTAL CUSTOMARY CHARGES			6
7 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			7
8 EXCESS OF TOTAL REASONABLE COST OVER TOTAL CUSTOMARY CHARGES			8
9 PRIMARY PAYOR PAYMENTS			9

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

DESCRIPTION	PART A SERVICES 1	PART B SERVICES 2	
10 TOTAL REASONABLE COST			10
10.01 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITHOUT OUTLIERS	249410	237994	10.01
10.02 TOTAL PPS REIMBURSEMENT - FULL EPISODES WITH OUTLIERS	3034		10.02
10.03 TOTAL PPS REIMBURSEMENT - LUPA EPISODES	852	2173	10.03
10.04 TOTAL PPS REIMBURSEMENT - PEP EPISODES	776	5677	10.04
10.05 TOTAL PPS REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.05
10.06 TOTAL PPS REIMBURSEMENT - SCIC EPISODES			10.06
10.07 TOTAL PPS OUTLIER REIMBURSEMENT - FULL EPISODES WITH OUTLIERS			10.07
10.08 TOTAL PPS OUTLIER REIMBURSEMENT - PEP EPISODES			10.08
10.09 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC WITHIN A PEP EPISODES			10.09
10.10 TOTAL PPS OUTLIER REIMBURSEMENT - SCIC EPISODES			10.10
10.11 TOTAL OTHER PAYMENTS			10.11
10.12 DME PAYMENTS			10.12
10.13 OXYGEN PAYMENTS			10.13
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS			10.14
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCL COINSURANCE)			11
12 SUBTOTAL	254072	245844	12
13 EXCESS REASONABLE COST			13
14 SUBTOTAL	254072	245844	14
15 COINSURANCE BILLED TO PROGRAM PATIENTS			15
16 NET COST	254072	245844	16
17 REIMBURSABLE BAD DEBTS			17
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			17.01
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	254072	245844	18
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			19
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR OR DECREASE IN PROGRAM UTILIZATION			20
21 OTHER ADJUSTMENTS (SPECIFY):			
22 SUBTOTAL	254072	245844	22
23 SEQUESTRATION ADJUSTMENT			23
24 SUBTOTAL	254072	245844	24
25 TOTAL INTERIM PAYMENTS	254072	245844	25
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			25.01
26 BALANCE DUE PROVIDER/PROGRAM			26
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2			27

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

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ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHA'S
FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

HHA NO.: 14-7315

WORKSHEET H-8

DESCRIPTION	PART A		PART B		
	MO/DAY/YR 1	AMOUNT 2	MO/DAY/YR 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		254072		245844	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .04 PROGRAM .05 PROVIDER .50 TO .51 PROGRAM .52 TO .53 PROGRAM .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		254072		245844	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 TO .50 PROGRAM .51 TO .52	NONE		NONE	5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY		254072		245844	7
NAME OF INTERMEDIARY:	INTERMEDIARY NUMBER:				
SIGNATURE OF AUTHORIZED PERSON:	DATE (MO/DAY/YR):				

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0077) 1	HOSPITAL (14-0077) 1.01	SUB I	SUB II	SUB III
PART I - FULLY PROSPECTIVE METHOD					
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
2 CAPITAL FEDERAL AMOUNT	201423				2
3 CAPITAL DRG OTHER THAN OUTLIER					3
3.01 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997	3858				3.01
4 TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17] [x E-3,PT VI,LN.1]					4
4.01 NO. OF INTERNS & RESIDENTS	0.00	0.00			4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					4.03
5 DISPROPORTIONATE SHARE ADJUSTMENT	0.1980				5
5.01 % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.5001				5.01
5.02 SUM OF LINES 5 AND 5.01	0.6981				5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.1518				5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT	30576				5.04
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS	235857				6
PART II - HOLD HARMLESS METHOD					
1 NEW CAPITAL					1
2 OLD CAPITAL					2
3 TOTAL CAPITAL					3
4 RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 REDUCED OLD CAPITAL AMOUNT					7
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 SUBTOTAL					9
10 PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
PART III - PAYMENT UNDER REASONABLE COST					
1 PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3 TOTAL INPATIENT PROGRAM CAPITAL					3
4 CAPITAL COST PAYMENT FACTOR					4
5 TOTAL INPATIENT PROGRAM CAPITAL COST					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1 PROGRAM INPATIENT CAPITAL COSTS					1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3 NET PROGRAM INPATIENT CAPITAL COSTS					3
4 APPLICABLE EXCEPTION PERCENTAGE					4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8 CAPITAL MINIMUM PAYMENT LEVEL					8
9 CURRENT YEAR CAPITAL PAYMENTS					9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12 NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13 CURRENT YEAR EXCEPTION PAYMENT					13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

PROVIDER NO. 14-0077 TOUCHETTE REGIONAL HOSPITAL
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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	0	4A	25	26	27	
GENERAL SERVICE COST CENTERS						
1 OLD CAP REL COSTS-BLDG & FIXT						1
2 OLD CAP REL COSTS-MVBLE EQUIP						2
3 NEW CAP REL COSTS-BLDG & FIXT						3
4 NEW CAP REL COSTS-MVBLE EQUIP						4
5 EMPLOYEE BENEFITS						5
6 ADMINISTRATIVE & GENERAL						6
7 MAINTENANCE & REPAIRS						7
8 OPERATION OF PLANT						8
9 LAUNDRY & LINEN SERVICE						9
10 HOUSEKEEPING						10
11 DIETARY						11
12 CAFETERIA						12
13 MAINTENANCE OF PERSONNEL						13
14 NURSING ADMINISTRATION						14
15 CENTRAL SERVICES & SUPPLY						15
16 PHARMACY						16
17 MEDICAL RECORDS & LIBRARY						17
18 SOCIAL SERVICE						18
20 NONPHYSICIAN ANESTHETISTS						20
21 NURSING SCHOOL						21
22 I&R SERVICES-SALARY & FRINGES A						22
23 I&R SERVICES-OTHER PRGM COSTS A						23
24 PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS						25
33 NURSERY						33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
55 MEDICAL SUPPLIES CHARGED TO PAT						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINCT						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
69.10 CMHC						69.10
69.20 OUTPATIENT PHYSICAL THERAPY						69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY						69.30
69.40 OUTPATIENT SPEECH PATHOLOGY						69.40
71 HOME HEALTH AGENCY						71
SPECIAL PURPOSE COST CENTERS						
85.01 PANCREAS ACQUISITION						85.01
85.02 INTESTINAL ACQUISITION						85.02
85.03 ISLET CELL ACQUISITION						85.03
95 .SUBTOTALS						95
NONREIMBURSABLE COST CENTERS						
96 GIFT, FLOWER, COFFEE SHOP & CAN						96
98 PHYSICIANS' PRIVATE OFFICES						98
101 CROSS FOOT ADJUSTMENTS						101
102 NEGATIVE COST CENTER						102
103 TOTAL						103
104 TOTAL STATISTICAL BASIS						104
105 UNIT COST MULTIPLIER						105
105 UNIT COST MULTIPLIER						105

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	23.76						23.76 25
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	2.60	5.28					7.88 37
39 DELIVERY ROOM & LABOR ROOM	0.27						0.27 39
40 ANESTHESIOLOGY	4.02	6.87					10.89 40
41 RADIOLOGY-DIAGNOSTIC	6.01	10.49					16.50 41
44 LABORATORY	10.30	0.46					10.76 44
49 RESPIRATORY THERAPY	20.30	7.83					28.13 49
50 PHYSICAL THERAPY	4.04						4.04 50
55 MEDICAL SUPPLIES CHARGED TO PAT	30.05	13.94					43.99 55
56 DRUGS CHARGED TO PATIENTS	16.22	9.40					25.62 56
60 CLINIC		0.11					0.11 60
61 EMERGENCY	2.42	4.55					6.97 61
62 OBSERVATION BEDS (NON-DISTINCT	5.11	15.68					20.79 62
101 TOTAL CHARGES	7.56	4.63					12.19 101

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COST CENTER		--- DIRECT COSTS ---	---	ALLOCATED OVERHEAD --	---	TOTAL COSTS ---	
		AMOUNT	%	AMOUNT	%	AMOUNT	%
GENERAL SERVICE COST CENTERS							
1	OLD CAP REL COSTS-BLDG & FIXT	78423	.25	-78423	-.52		1
2	OLD CAP REL COSTS-MVBLE EQUIP	5835	.02	-5835	-.04		2
3	NEW CAP REL COSTS-BLDG & FIXT	200448	.63	-200448	-1.32		3
4	NEW CAP REL COSTS-MVBLE EQUIP	866768	2.74	-866768	-5.71		4
5	EMPLOYEE BENEFITS	2487578	7.86	-2487578	-16.40		5
6	ADMINISTRATIVE & GENERAL	7595248	23.99	-7595248	-50.06		6
7	MAINTENANCE & REPAIRS	600228	1.90	-600228	-3.96		7
8	OPERATION OF PLANT						8
9	LAUNDRY & LINEN SERVICE	20976	.07	-20976	-.14		9
10	HOUSEKEEPING	667809	2.11	-667809	-4.40		10
11	DIETARY	220795	.70	-220795	-1.46		11
12	CAFETERIA	284997	.90	-284997	-1.88		12
13	MAINTENANCE OF PERSONNEL						13
14	NURSING ADMINISTRATION	967958	3.06	-967958	-6.38		14
15	CENTRAL SERVICES & SUPPLY	113549	.36	-113549	-.75		15
16	PHARMACY	543154	1.72	-543154	-3.58		16
17	MEDICAL RECORDS & LIBRARY	518187	1.64	-518187	-3.42		17
18	SOCIAL SERVICE						18
20	NONPHYSICIAN ANESTHETISTS						20
21	NURSING SCHOOL						21
22	I&R SERVICES-SALARY & FRINGES A						22
23	I&R SERVICES-OTHER PRGM COSTS A						23
24	PARAMED ED PRGM-(SPECIFY)						24
INPATIENT ROUTINE SERV COST CENTERS							
25	ADULTS & PEDIATRICS	4482615	14.16	5147346	33.93	9629961	30.41
33	NURSERY	657140	2.08	528248	3.48	1185388	3.74
ANCILLARY SERVICE COST CENTERS							
37	OPERATING ROOM	1007021	3.18	1157919	7.63	2164940	6.84
39	DELIVERY ROOM & LABOR ROOM	1002433	3.17	1089356	7.18	2091789	6.61
40	ANESTHESIOLOGY	37651	.12	36953	.24	74604	.24
41	RADIOLOGY-DIAGNOSTIC	1471694	4.65	1019802	6.72	2491496	7.87
44	LABORATORY	1966124	6.21	1028649	6.78	2994773	9.46
46.30	BLOOD CLOTTING FACTORS ADMIN CO						46.30
49	RESPIRATORY THERAPY	577957	1.83	442470	2.92	1020427	3.22
50	PHYSICAL THERAPY	334948	1.06	221295	1.46	556243	1.76
55	MEDICAL SUPPLIES CHARGED TO PAT	328672	1.04	195020	1.29	523692	1.65
56	DRUGS CHARGED TO PATIENTS	718028	2.27	955021	6.29	1673049	5.28
60	CLINIC	904785	2.86	868717	5.73	1773502	5.60
61	EMERGENCY	1919784	6.06	1792828	11.82	3712612	11.72
62	OBSERVATION BEDS (NON-DISTINCT						62
63.50	RHC						63.50
63.60	FQHC						63.60
OTHER REIMBURSABLE COST CENTERS							
OUTPATIENT SERVICE COST CENTERS							
69.10	CMHC						69.10
69.20	OUTPATIENT PHYSICAL THERAPY						69.20

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM
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COST CENTER	--- DIRECT COSTS ---	---	-- ALLOCATED OVERHEAD --	---	--- TOTAL COSTS ---	---	
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY	983207	3.11	547378	3.61	1530585	4.83	71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	99968	.32	76041	.50	176009	.56	96
98 PHYSICIANS' PRIVATE OFFICES	889		64910	.43	65799	.21	98
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	31664869	100.00	0	.00	31664869	100.00	103

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OPTIMIZER SYSTEMS, INC. WIN-LASH MICRO SYSTEM

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APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	149236	4242835	.035174	110363	3882	37
39 DELIVERY ROOM & LABOR ROOM	105415	2187449	.048190	5860	283	39
40 ANESTHESIOLOGY	2781	843476	.003297	33926	112	40
41 RADIOLOGY-DIAGNOSTIC	72159	7961241	.009064	478340	4336	41
44 LABORATORY	65235	11865206	.005498	1221596	6716	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	29970	4210647	.007118	854926	6085	49
50 PHYSICAL THERAPY	27669	1200348	.023051	48531	1119	50
55 MEDICAL SUPPLIES CHARGED TO PAT	10920	975143	.011198	293073	3282	55
56 DRUGS CHARGED TO PATIENTS	27145	8840680	.003071	1433663	4403	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	119776	2881459	.041568			60
61 EMERGENCY	100945	7608981	.013267	184197	2444	61
62 OBSERVATION BEDS (NON-DISTINCT	17138	307715	.055694	15720	875	62
OTHER REIMBURSABLE COST CENTERS						
63.50 RHC						63.50
63.60 FQHC						63.60
101 TOTAL	728389	53125180		4680195	33537	101

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APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION		CAPITAL RELATED COSTS 1	SWING-BED ADJUSTMENT AMOUNT 2	TOTAL COST 3	TOTAL PATIENT DAYS 4	PER DIEM 5	INPATIENT PROGRAM DAYS 6	MEDICARE INPATIENT PPS CAPITAL COSTS 7
INPATIENT ROUTINE SERVICE COST CENTERS								
25	ADULTS & PEDIATRICS	367842		367842	10045	36.62	2387	87412 25
101	TOTAL	367842		367842			2387	87412 101
MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS							87412	
MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS							33537	
TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS							120949	
MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)								
MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)								
PER DISCHARGE CAPITAL COSTS								
PER DIEM CAPITAL COSTS								

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	3461541
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	6855425
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.505

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	120949
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.018

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	945864
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	2865510
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.330

ELECTRONIC FILE NAME: C:\255296WL\CMTEMP\EC140077.08A

WIN-LASH FILE NAME: C:\255296WL\CMTEMP\CRECTEMP

PROVIDER NUMBER: 14-0077

SOFTWARE VENDOR: P01
KPMG LLP - COMPU-MAX MICRO - DATE APPROVED: 06/28/07

CREATION DATE: 5/28/2009

CREATION TIME: 17:56

PROVIDER NAME: TOUCHETTE REGIONAL HOSPITAL

FISCAL YEAR BEGINNING: 01/01/2008

FISCAL YEAR ENDING: 12/31/2008

ECR FINGERPRINT:

REMARKS:

 ELECTRONIC REPORTING FILE VALIDATION AND EDIT REPORT

CMS REQUIRED EDITS ARE APPLIED AT TWO LEVELS:

LEVEL I EDITS ARE THOSE WHICH TEST THE FORMAT OF THE DATA TO IDENTIFY
 FOR CORRECTION THOSE ERROR CONDITIONS WHICH MAY RESULT IN A
 COST REPORT REJECTION. INTERMEDIARIES MAY REJECT ALL ELECTRONIC
 COST REPORTING FILES WHICH CONTAIN ONE OR MORE LEVEL I EDIT ERRORS.
 LEVEL I EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 1000 AND 1999.
 LEVEL II EDITS IDENTIFY POTENTIAL INCONSISTENCIES AND/OR MISSING DATA ITEMS.
 THESE ITEMS SHOULD BE RESOLVED AT THE PROVIDER SITE AND APPROPRIATE
 WORKSHEETS AND/OR DATA SUBMITTED WITH THE COST REPORT. FAILURE TO
 SUBMIT THE APPROPRIATE DATA WITH YOUR COST REPORT MAY RESULT IN
 PAYMENTS BEING WITHHELD PENDING RESOLUTION OF THE ISSUE(S).
 LEVEL II EDITS ARE IDENTIFIED WITH NUMBERS BETWEEN 2000 AND 2999.

CMS WORKSHEET A COST CENTER LIST: (THE ASTERISK INDICATES THAT THERE IS
 EDIT NO. NO DIRECT INPUT DATA ASSOCIATED WITH
 THE COST CENTER)

1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	**
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	**
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	**
20	NONPHYSICIAN ANESTHETISTS	2000	**
21	NURSING SCHOOL	2100	**
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	**
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	**
24	PARAMED ED PRGM-(SPECIFY)	2400	**
25	ADULTS & PEDIATRICS	2500	
33	NURSERY	3300	
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
4630	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	**
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	